

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**

**Feb 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # M00000000851**

**1. Entity Name**

**WATER SPECIALISTS ENVIRONMENTAL TECHNOLOGIES LLC**



**Principal Place of Business**

**1515 KASTNER PLACE  
PORT OF SANFORD  
SANFORD FL 32771**

**Mailing Address**

**1515 KASTNER PLACE  
PORT OF SANFORD  
SANFORD FL 32771**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

**59-3630534**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**



**MOORE**

**CR2E083 (11/03)**

**6. Name and Address of Current Registered Agent**

**SCHMELTER, DEAN M  
1515 KASTNER PLACE  
PORT OF SANFORD  
SANFORD FL 32771**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE** **MGR** ☐ Delete  
**NAME** **GION, RICHARD**  
**STREET ADDRESS** **1515 KASTNER PLACE**  
**CITY - ST - ZIP** **SANFORD FL 32771**

**TITLE** **MGRM** ☐ Delete  
**NAME** **SCHMELTER, DEAN M**  
**STREET ADDRESS** **1515 KASTNER PLACE**  
**CITY - ST - ZIP** **SANFORD FL 32771**

**TITLE** **MGRM** ☐ Delete  
**NAME** **CHAMBERS, MARK**  
**STREET ADDRESS** **1515 KASTNER PLACE**  
**CITY - ST - ZIP** **SANFORD FL 32771**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**10. ADDITIONS/CHANGES**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** **U000000041834**  
**CITY - ST - ZIP** **02/09/04-80105-001 50.00**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
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**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*R. G. Gion* **R. G. Gion**

**2/4/04**

Date

**407-321-7910**

Daytime Phone #