

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M07000004468

1. Entity Name
NIAGARA BOTTLING, LLC



FILED
Jul 14, 2008 08:00 AM
Secretary of State

Principal Place of Business
5675 E. CONCOURS STREET
ONTARIO, CA 91764

Mailing Address
5675 E. CONCOURS STREET
ONTARIO, CA 91764



07072008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-0843510

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEYKOFF, ANDREW D II 5675 E. CONCOURS STREET ONTARIO, CA 91764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NIAGARA DRINKING WATERS, INC. 5675 E. CONCOURS STREET ONTARIO, CA 91764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEYKOFF LEGACY TRUST 5675 E. CONCOURS STREET ONTARIO, CA 91764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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07/14/08-80010-009 138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

7-8-08

Date

(909) 230-4443

Daytime Phone #