

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 26, 2005 08:00 AM
Secretary of State

DOCUMENT # M99000001815

1. Entity Name
DYER AQUA, LLC



Principal Place of Business
**1385 FLOWERING DOGWOOD LANE
DYERSBURG, TN 38024**

Mailing Address
**1385 FLOWERING DOGWOOD LANE
DYERSBURG, TN 38024**



02132005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1681926

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GORMAN, ROBERT J ESQ.
1209 DELAWARE AVE.
FORT PIERCE, FL 34950**

**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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FORD, JOHN F
STREET ADDRESS	1385 FLOWERING DOGWOOD LANE
CITY - ST - ZIP	DYERSBURG, TN 38024
TITLE	MGRM
NAME	WALKER, BILLY
STREET ADDRESS	1385 FLOWERING DOGWOOD LANE
CITY - ST - ZIP	DYERSBURG, TN 38024
TITLE	MGRM
NAME	MOORE, JEAN
STREET ADDRESS	1385 FLOWERING DOGWOOD LANE
CITY - ST - ZIP	DYERSBURG, TN 38024
TITLE	MGRM
NAME	FORD, W. KENT
STREET ADDRESS	1385 FLOWERING DOGWOOD LANE
CITY - ST - ZIP	DYERSBURG, TN 38024
TITLE	MGRM
NAME	WALKER, JIMMIE
STREET ADDRESS	1385 FLOWERING DOGWOOD LANE
CITY - ST - ZIP	DYERSBURG, TN 38024
TITLE	MGRM
NAME	MARYBETH KUHN WALKER TRUST
STREET ADDRESS	1385 FLOWERING DOGWOOD LANE
CITY - ST - ZIP	DYERSBURG, TN 38024

11000001244457
02/26/05-80021-016 50.00

**DO NOT WRITE
IN THIS SPACE**

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 of 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

Billy Walker, Managing Member 2/15/05

Date

Daytime Phone #

731-287-1117