

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000026589

**Entity Name:** AGUA CONTROL LLC

**Current Principal Place of Business:**

5609 E. ADAMO DR.  
SUITE D  
TAMPA, FL 33619

**FILED**  
**Jan 06, 2014**  
**Secretary of State**  
**CC8780233722**

**Current Mailing Address:**

5609 E. ADAMO DR.  
SUITE D  
TAMPA, FL 33619 US

**FEI Number: 26-4488343**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BOLIVAR, WILLIAM E  
10208 POST HARVEST DR  
VALRICO, FL 33594 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name MAXIMO SUPPLY COPR  
Address 5609 E. ADAMO DR. SUITE A  
City-State-Zip: TAMPA FL 33619

Title MGR  
Name BOLIVAR, MAXIMO E  
Address 10208 POST HARVEST DR  
City-State-Zip: RIVERVIEW FL 33578

Title MGR  
Name BOLIVAR, ROGER E  
Address 10208 POST HARVEST DR  
City-State-Zip: RIVERVIEW FL 33578

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ROGER BOLIVAR**

**MGR**

**01/06/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date