

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000028334

**Entity Name:** WATER SYSTEMS IRRIGATION SPECIALISTS LLC.

**Current Principal Place of Business:**

12514 S PUTNEY CT  
LEESBURG, FL 34788

**Current Mailing Address:**

PO BOX 1009  
APOPKA, FL 32704

**FEI Number:** 46-4867761

**Certificate of Status Desired:** No

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

AMATUCCI, MARK  
12514 S PUTNEY CT  
LEESBURG, FL 34788 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	Title	AUTHORIZED MEMBER
Name	AMATUCCI, MARK L	Name	AMATUCCI, MARSHA C
Address	12514 S PUTNEY CT	Address	PO BOX 1009
City-State-Zip:	LEESBURG FL 34788	City-State-Zip:	APOPKA FL 32704

*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:** MARSHA AMATUCCI

**AUTHORIZED MEMBER**

**02/26/2015**

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

\_\_\_\_\_  
Date