

**2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M23000014133

**Entity Name:** WATERMEN, LLC

**Current Principal Place of Business:**

3107 ATLANTIC AVE PO BOX 309  
ALLENWOOD, NJ 08720

**Current Mailing Address:**

3107 ATLANTIC AVE PO BOX 309  
ALLENWOOD, NJ 08720 US

**FEI Number:** 46-2884323

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC  
7901 4TH ST N STE 300  
ST. PETERSBURG, FL 33702 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 MBR  
Name RAICHLE, ANDREW  
Address 3107 ATLANTIC AVE PO BOX 309  
City-State-Zip: ALLENWOOD NJ 08720

Title MBR  
Name DECOTIIS, NICHOLAS  
Address 3107 ATLANTIC AVE PO BOX 309  
City-State-Zip: ALLENWOOD NJ 08720

Title MBR  
Name CALABRESE, PAUL  
Address 3107 ATLANTIC AVE PO BOX 309  
City-State-Zip: ALLENWOOD NJ 08720

*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:** PAUL CALABRESE

**VICE PRESIDENT**

**02/14/2025**

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

\_\_\_\_\_  
Date