

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000022301

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: WELLER POOLS LLC

**Current Principal Place of Business:**

1821 S. ORANGE BLOSSOM TRAIL  
APOPKA, FL 32703

**New Principal Place of Business:**

**Current Mailing Address:**

1821 S. ORANGE BLOSSOM TRAIL  
APOPKA, FL 32703

**New Mailing Address:**

FEI Number: 20-1749040

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VON WELLER III, H. J.  
1821 S. ORANGE BLOSSOM TRAIL  
APOPKA, FL 32703 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WELLER POOLS USA, IN, C.  
Address: 1821 S ORANGE BLOSSOM TRAIL  
City-St-Zip: APOPKA, FL 32703

Title: CHRM ( ) Delete  
Name: VON WELLER III, H. J.  
Address: 1821 S. ORANGE BLOSSOM TRAIL  
City-St-Zip: APOPKA, FL 32703

Title: PRES ( ) Delete  
Name: RUDASILL, CHRISTOPHER R  
Address: 1821 S. ORANGE BLOSSOM TRAIL  
City-St-Zip: APOPKA, FL 32703

Title: CFO ( ) Delete  
Name: PIPKORN, TIMOTHY G  
Address: 1821 S. ORANGE BLOSSOM TRAIL  
City-St-Zip: APOPKA, FL 32703

Title: VP ( ) Delete  
Name: TUHELA, JOHN  
Address: 1821 S. ORANGE BLOSSOM TRAIL  
City-St-Zip: APOPKA, FL 32703

Title: VP ( ) Delete  
Name: OREN, JACK D  
Address: 1821 S. ORANGE BLOSSOM TRAIL  
City-St-Zip: APOPKA, FL 32703

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: TIMOTHY G PIPKORN

CFO

03/24/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date