

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000058158

Entity Name: POOL LEAK DOCTOR, LLC

FILED
Jan 19, 2012
Secretary of State

Current Principal Place of Business:

2200 MARSH HAWK LANE
#212
FLEMING ISLAND, FL 32003

New Principal Place of Business:

Current Mailing Address:

2200 MARSH HAWK LANE
#212
FLEMING ISLAND, FL 32003

New Mailing Address:

FEI Number: 26-2790849

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETERS, WILLIAM A
2200 MARSH HAWK LANE
#212
FLEMING ISLAND, FL 32003 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
Name: PETERS, WILLIAM A
Address: 2200 MARSH HAWK LANE #212
City-St-Zip: FLEMING ISLAND, FL 32003

I hereby 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: WILLIAM PETERS

MGRM

01/19/2012

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