

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000091173

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** POOL CARE PROFESSIONALS LLC

**Current Principal Place of Business:**

12927 OAKWOOD DR  
HUDSON, FL 34669

**New Principal Place of Business:**

**Current Mailing Address:**

12927 OAKWOOD DR  
HUDSON, FL 34669

**New Mailing Address:**

FEI Number: 26-3493017

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

POLICASTRI, GARY M  
12927 OAKWOOD DR  
HUDSON, FL 34669 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: MGR  
Name: POLICASTRI, GARY M  
Address: 12927 OAKWOOD DR  
City-St-Zip: HUDSON, FL 34669

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: GARY POLICASTRI

MGR

02/16/2011

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