

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000036686

Entity Name: POOL CARE PLUS, LLC

FILED  
Apr 15, 2011  
Secretary of State

**Current Principal Place of Business:**

58 EAST RATTLESNAKE TRAIL  
INLET BEACH, FL 32413

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 611112  
ROSEMARY BEACH, FL 32461

**New Mailing Address:**

FEI Number: 27-2280359

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BRAD CONGLETON CPA, INC.  
50 UPTOWN GRAYTON CIRCLE  
15  
SANTA ROSA BEACH, FL 32459 US

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

BRAD CONGLETON CPA, INC.  
50 UPTOWN GRAYTON CIRCLE  
#15  
SANTA ROSA BEACH, FL 32459 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: BRAD CONGLETON

04/15/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: FORMAN, CHRISTOPHER  
Address: P.O. BOX 611112  
City-St-Zip: ROSEMARY BEACH, FL 32461

Title: MGRM  
Name: ELLIS, EMILY F  
Address: P.O. BOX 611112  
City-St-Zip: ROSEMARY BEACH, FL 32461

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: BRAD CONGLETON

RA

04/15/2011

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