

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000042637

**FILED**  
**Apr 23, 2011**  
**Secretary of State**

**Entity Name:** A.B. POOL & SPA PLUMBING, LLC.

**Current Principal Place of Business:**

3571 NW 85 WAY, #304  
SUNRISE, FL 33351

**New Principal Place of Business:**

3571 NW 85 WAY, #304  
304  
SUNRISE, FL 33351

**Current Mailing Address:**

3571 NW 85 WAY, #304  
SUNRISE, FL 33351

**New Mailing Address:**

3571 NW 85 WAY, #304  
304  
SUNRISE, FL 33351

**FEI Number:** 27-2427664

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

COMPUTAX BUSINESS SOLUTIONS, INC.  
4802 W. COMMERCIAL BLVD.  
TAMARAC, FL 33319 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: BROWN, AUSTIN  
Address: 3571 NW 85 WAY, #304  
City-St-Zip: SUNRISE, FL 33351

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: AUSTIN BROWN

MGRM

04/23/2011

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