2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2013
Secretary of State
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Entity Name: POOL LEAK DOCTOR, LLC

Current Principal Place of Business:

2200 MARSH HAWK LANE
UNIT 212
FLEMING ISLAND, FL 32003

Current Mailing Address:

PO BOX 8030
FLEMING ISLAND, FL 32006 US

FEI Number: 26-2790849

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PETERS, WILLIAM A
2200 MARSH HAWK LANE
UNIT 212
FLEMING ISLAND, FL 32003 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:

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGRM
Name	PETERS, WILLIAM A
Address	PO BOX 8030
City-State-Zip:	FLEMING ISLAND FL 32006

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM PETERS MGRM 02/13/2013

Electronic Signature of Signing Authorized Person(s) Detail — Date