

# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

## FILED

DOCUMENT # L02000018893

1. Entity Name  
POOL & SPA CENTER, L.L.C.



4 PM 3:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
18851 NE 29TH AVE. STE. 900  
AVENTURA, FL 33180

Mailing Address  
18851 NE 29TH AVE. STE. 900  
AVENTURA, FL 33180



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11092004 REIN-LLC CR2E101 (6/04)

City & State

City & State

4. FEI Number  
75-3080495

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROTH, LEONARDO A ESQ  
18851 NE 29TH AVE. STE. 900  
AVENTURA, FL 33180

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

B. The above named entity supports this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After January 1, 2005, Fee will be \$200.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM  Delete  
NAME BRUZZONE ALONSO, ADOLFO JOSE B  
STREET ADDRESS 18851 NE 29TH AVE. STE. 900  
CITY-ST-ZIP AVENTURA, FL 33180

TITLE  Change  Addition  
NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM  Delete  
NAME BRUZZONE ALONSO, DANIEL LISANDR B  
STREET ADDRESS 18851 NE 29TH AVE. STE. 900  
CITY-ST-ZIP AVENTURA, FL 33180

BRUZZONE ALONSO,  
DANIEL LISANDR  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

ADOLFO JOSE BRUZZONE MGRM

Date

11/25/04

Daytime Phone #

786 279 0000