2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 28, 2008 8:00 am Secretary of State

ANNUAL REPORT							Secretary of State				
DOCUMENT # L02000024162 1. Entity Name							02-28-2008 90105 032 ***138.75				
SUNSET POOL SERVICE, LLC											
Principal Place of Business Mailing Ad			Mailing Address			-		,, •			
6732 COYOTE RIDGE COURT			6732 COYOTE RIDGE COURT			•					
UNIVERSITY	PARK, FL 34	201	UNIVERSITY PAR	KK, FL 34201							
7. Deleginal Diago of Dusinger, No D.O. David.											
2. Principal Place of Business - No P.O. Box #			3. Mailing Address			1 1 1 1 1 1 1 1 1 1	6010 603 6011 6014	11 C1 J 1 Bi		NO OF INDE	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02122008	Chg-LLC	CR2E	083 (12/06)		
City & State			City & State				4. FEI Number Applied For 56-2293803 Not Applicable				
Zip Country		Zip Coun		ntry	5. Certificate of Status Desired S5.00 Additions Fee Required			itional			
	6. Name	and Address of Curren	t Registered Agent		Nema	7. Name an	Address of Nev	v Registered	Agent		
BARNES, GARRET T ESQUIRE					Name						
C/O BARNES WALKER, CHARTERED 3119 MANATEE AVENUE WEST				Street Address (er is Not Accepta	ple)			
I	TON, FL 34										
					City			FL	Zip Code	9	
	named entity tions of registe	submits this statement tared agent.	for the purpose of chan	ging its register	red office or regi	stered agent, or b	oth, in the State of	Florida. I am	familiar with,	and accept	
SIGNATURE											
-	Signature, typed o	x printed name of registered ager	nt and title if applicable.	(NOTE: Register	ed Agent signature req	jured when reinstating)		DATE	aren i		
		EE IS \$138.75 ee will be \$538.7	7 5					ake check p ida Departn		3 ·	
9.		MANAGING MEMB	BERS/MANAGERS	10.			ADDITION	S/CHANGES		<u> </u>	
TITLE	MGR	NA HOTOHAG MEMO	Dete				7,00(1)(0)	10701 // 11021	☐ Change	Addition	
NAME CTOCCT ADDRESS		, JOSEPH A		NAM	ME REET ADDRESS						
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CITY-ST-ZIP					Y-ST-ZIP						
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CITY-ST-ZIP				CIT	Y-ST-ZIP						
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NAME STREET ADDRESS			☐ Dele	NA					☐ Change	Addition	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

× 2 25 - 08 941-351-6578

Date Daysme Phone #