

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025151

FILED
Jul 08, 2009
Secretary of State

Entity Name: INFANT SWIMMING RESOURCE, LLC

Current Principal Place of Business:

4107 GABRIELLA LANE
WINTER PARK, FL 32792

New Principal Place of Business:

2572 SR 426
OVIEDO, FL 32765

Current Mailing Address:

4107 GABRIELLA LANE
WINTER PARK, FL 32792

New Mailing Address:

2572 SR 426
OVIEDO, FL 32765

FEI Number: 26-0055869 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BARNETT, HARVEY A
4107 GABRIELLA LANE
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

BARNETT, HARVEY A
2572 SR 426
OVIEDO, FL 32765 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: HARVEY BARNETT

07/08/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BARNETT, HARVEY A
Address: 4107 GABRIELLA LANE
City-St-Zip: WINTER PARK, FL 32792

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BARNETT, HARVEY A
Address: 2572 SR 426
City-St-Zip: OVIEDO, FL 32765

Title: MGRM () Change (X) Addition
Name: BARNETT, JOANN
Address: 2572 SR 426
City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JOANN BARNETT

MGRM

07/08/2009

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