

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000042648

1. Entity Name
ANOTHER PERFECT POOL, LLC



Principal Place of Business

**P.O. BOX 1417
DESTIN, FL 32540**

Mailing Address

**P.O. BOX 1417
DESTIN, FL 32540**

DO NOT WRITE IN THIS SPACE



01062006No Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-0359445

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BOWEN, HOMER B JR.
411 ANDERSON DRIVE
DESTIN, FL 32541**

**DO NOT WRITE
IN THIS SPACE**

8. 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. 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 renewing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
BOWEN, HOMER B JR
411 ANDERSON DRIVE
DESTIN, FL 32541**

TITLE
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STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

100000390346
11/23/06-80024-009 50.00

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IN THIS SPACE**

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:

B. Bowen

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

Date

Daytime Phone #

1/12/06