## **2008 LIMITED LIABILITY COMPANY**

## Jan 24, 2008 8:00 am Secretary of State **ANNUAL REPORT** 01-24-2008 90067 030 \*\*\*138.75 DOCUMENT # L03000044537 ROYAL PALM POOLS, LLC Principal Place of Business Mailing Address 60003495 16333 TEMPLE BOULEVARD 16333 TEMPLE BOULEVARD LOXAHATCHEE, FL 33470 US LOXAHATCHEE, FL 33470 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01172008 Chg-LLC CR2E083 (12/06) City & State City & State 4 FEI Number Applied For 65-0629406 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CURTIS, SCOTT M Street Address (P.O. Box Number is Not Acceptable) 16333 TEMPLE BOULEVARD LOXAHATCHEE, FL 33470 City 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 reinstating) FILE NOW!!! FEE IS \$138.75 Make check payable to Make creen payant Florida Department of State After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. TITLE MGRM ☐ Delete TITLE ☐ Change ☐ Addition CURTIS, SCOTT M NAME NAME STREET ADDRESS 16333 TEMPLE BOULEVARD STREET ADORESS CITY-ST-ZIP LOXAHATCHEE, FL 334703009 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TIT! F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 pixely this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

122-08

FILED