## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Feb 09, 2004 8:00 am **Secretary of State DOCUMENT # L03000051301** 02-09-2004 90190 022 \*\*\*\*50.00 GEORGE E. COOK, JR. POOL SERVICE, L.L.C. Principal Place of Business Mailing Address 1552 S. MONTGOMERY ST. 1552 S. MONTGOMERY ST. 24009158 DELAND, FL 32720 DELAND, FL 32720 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02032004 CR2E083 (10/03) Chg-LLC City & State City & State Applied For 4. FEI Number 51-0490283 Not Applicable \$5.00 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COOK, GEORGE E JR Street Address (P.O. Box Number is Not Acceptable) 1552 S. MONTGOMERY ST. DELAND, FL 32720 City Zip Code 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGRM TITLE ■ Addition TITLE ☐ Delete ☐ Change COOK, GEORGE E JR NAME NAME 1552 S. MONTGOMERY ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELAND, FL 32720 CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete \_ Change Addition NAME: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change DTLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

GOVER C. COOK JV HANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

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Daytime Phone #

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