

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000053049

1. Entity Name
JOHN H. FOSTER - POOL DESIGN & CONSULTING, LC



Principal Place of Business
**JOHN H. FOSTER
430 NORWOOD AVE.
SATELLITE BEACH, FL 32937-3159**

Mailing Address
**JOHN H. FOSTER
430 NORWOOD AVE.
SATELLITE BEACH, FL 32937-3159**



02072005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FOSTER, JOHN H
430 NORWOOD AVE
SATELLITE BEACH, FL 32937-3159**

**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 reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
FOSTER, JOHN
430 NORWOOD AVE
SATELLITE BEACH, FL 329373159**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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02/11/05-80049-005 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/6/05

Title

321 777 7247

Daytime Phone #