2005 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #L03000053197

Entity Name

JOHN D, WHITE POOL SERVICE, LLC



FILED Apr 19, 2005 8:00 am Secretary of State

04-19-2005 90031 031 ****50.00

DO NOT WRITE IN THIS SPACE		
2. Principal Place of Business 1442 HELENA STREET 1442 HELENA STREET]
Suite, Apt. #, etc. Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
JACKSONVILLE, FL, JACKSONV	ILLE, FL.	4. FEI Number Applied For SQ - 246 8895 Not Applicable
32208 Country S.A. 32208	U.S.A.	5. Certificate of Status Desired See Required \$5.00 Additional Fee Required
	Nome	7. Name and Address of Current Registered Agent
DO MOT WOITE	Name 50) AN D. WHITE
DO NOT WRITE	Street Address ((P.O. Box Number is Not Acceptable)
IN THIS SPACE		
IN TINO OF ACE	1 14	-42 HELENA STREET
	City 5	ACKSONVILLE, FL 32208
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. DATE The state additional content of the state agent and title if applicable.		
FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1		
9. MANAGING MEMBERS/MANAGERS		
	TITLE	A Supplied of the Control of the Con
HAME SHIRLEY M. WHITE	NAME	
STREET ADDRESS 1442 HELENA STREET	STREET ADDRESS	
TITLE NAME SHIRLEY M.WHITE STREET ADDRESS 1442 HELENA STREET CITY-ST-ZIP TACKSONVILLE, FL. 32208 TITLE	CITY-ST-ZIP	
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NAME CONTROL	NAME	
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11. Thereby certify that the information supplied with this filling does not qualify for	CITY-ST-ZIP	pation 110 O7(OV). Florida Contrara 6 state 15 stat

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 this report as required by Chapter 608, Florida Statutes.