

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90138 050 \*\*\*150.00

DOCUMENT # L03000055901



1. Entity Name  
FLORIDA POOL & SPA, LLC

Principal Place of Business  
7728 CITRUS HILL LANE  
NAPLES, FL 34109

Mailing Address  
7728 CITRUS HILL LANE  
NAPLES, FL 34109

24063851



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03042004

Chg-LLC

CR2E083 (10/03)

City & State

City & State

4. FEI Number

65-0517299

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

Name ELIZABETH M. DILLINGHAM

Street Address (P.O. Box Number is Not Acceptable)

7728 CITRUS HILL LN

City NAPLES

FL

Zip Code 34109

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 *Elizabeth M. Dillingham*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/29/04  
DATE

Filing Fee is \$50.00  
Due by May 1, 2004

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME DILLINGHAM, DALE  
STREET ADDRESS 7728 CITRUS HILL LANE  
CITY-ST-ZIP NAPLES, FL 34109

TITLE MGRM ☐ Delete  
NAME DILLINGHAM, ELIZABETH M  
STREET ADDRESS 7728 CITRUS HILL LANE  
CITY-ST-ZIP NAPLES, FL 34109

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE: *Elizabeth M. Dillingham*

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

4/29/04

Date

239-592-0267

Daytime Phone #