


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90101 007 ****50.00

DOCUMENT # L04000000388			
1. Entity Name AQUA BRIGHT POOL SERVICE, LLC			
Principal Place of Business 33040 LAKESHORE DR. TAVARES FL 32778 US		Mailing Address P.O. BOX 1875 MT. DORA FL 32756 US	
2. Principal Place of Business 1200 E Alfred St		3. Mailing Address PO Box 1875	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tavares FL		City & State Mt Dora FL	
Zip 32778	Country Lake	Zip 32756	Country
6. Name and Address of Current Registered Agent PERZYNSKI, NEAL T JR 1005 BRISTOL LAKES APTS. APT. # 112 MT. DORA FL 32757		7. Name and Address of New Registered Agent Name: Neal T Perzynski Jr Street Address (P.O. Box Number is Not Acceptable): 1200 E Alfred St City: Tavares FL Zip Code: 32778	
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			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PERZYNSKI, NEAL T JR P.O. BOX 1875 MT. DORA FL 32756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Neal Perzynski *1/31/05*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #