


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.



1st MOORE CR2E083 (10/04)

City & State
Tavares FL

City & State
Mt Dora FL

Zip
32778 Country
Lake

Zip
32756 Country

4. FEL Number
84-1634741

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS

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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #