


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000008383

1. Entity Name
MOORE POOL SERVICE, L.L.C.



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|---|--|
| Principal Place of Business 3370 CORNELL AVE PALM CITY, FL 34990 | Mailing Address PO BOX 1664 PALM CITY, FL 34991 |
|---|--|

DO NOT WRITE IN THIS SPACE



01082006No Chg-LLC CR2E083 (11/05)

| | |
|------------------------------------|--|
| 4. FEI Number 36-4547637 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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

6. Name and Address of Current Registered Agent

**MOORE, THOMAS L
 3370 CORNELL AVE
 PALM CITY, FL 34990**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$50.00 Due by May 1, 2006

1100000386091
 01/18/06-80043-022 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR MOORE, THOMAS L PO BOX 1664 PALM CITY, FL 34991 |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Thomas L Moore* **THOMAS L. MOORE** 1/10/06 (772) 283-7209

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #