

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000008902



1. Entity Name

MIGLINO'S POOL SERVICE, LLC

Principal Place of Business

**234 SW VOLTAIR TERR.
PT. ST. LUCIE, FL 34984**

Mailing Address

**P.O. BOX 9128
PT. ST. LUCIE, FL 34985**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

03-0536444

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MIGLINO, JOSEPH V
234 SW VOLTAIR TERR.
PT. ST. LUCIE FL 34984**

Name

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

City

FL

Zip Code

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 not required when transferring)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
MIGLINO, JOSEPH V
234 S.W. VOLTAIR TERR.
PT. ST. LUCIE FL 34984** ☐ Delete

☐ Change ☐ Addition
**U000000598516
01/24/07-80078-016 50.00**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

☐ Change ☐ Addition

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CITY- ST- ZIP ☐ Delete

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Joseph V. Miglino **JOSEPH V. MIGLINO**

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

1-19-07

Date

772-340-7585

Daytime Phone #