10400018126

VISTA POOLS, LLC 522 S. Hunt Club Blvd., #315 Apopka, FL 32703			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
, ,			
(Document Number)			
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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State FILED

2005 APR 12 P 12: 24

GEURETARY OF STATE FALLAHASSEE. FLORIDA

April 1, 2005

VISTA POOLS LLC 522 S. HUNT CLUB BLVD. #315 APOPKA, FL 32703

SUBJECT: VISTA POOLS, LLC Ref. Number: L04000018126

We have received your document for VISTA POOLS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 405A00022422

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

	00 416 C00 F00 WI 11 W	1 1 5 5 1
liability company submit agent, or both, in the Stat		ed limited registered US APH 12 P
1. The name of the limite	ed liability company is: VISTA POOLS, LLC	CRETARY OF S
2. The mailing address o	of the limited liability company is: 522 S. Hunt Club BLVD., #315	LAHASSEE, FL
Apopka, FL 32703	• • • • • • • • •	
March 8, 2004	L04000018126	·
		
3. Date of filing/registrat	non in Florida 4. Document number	
5. The name of the registr Florida Department of	ered agent and the registered office address as shown on the records of State:	the
•	The Company Corporation	
	Name Suite 400, 2711 Centerville Road	
	Address Wilmington, DE 19808	# 12= C
	City, State and Zip	
6. The name and address	of the new registered agent and/or office:	
	Richard M. Ross	
	Name 334 Wekiva Cove Road	• • •
	Florida street address (P.O. Box NOT acceptable)	•
	Longwood FL 32779	
	City, State and Zip	
confirmed that after the cand the business office of liability company, it is he the members of the limits the operating agreement of the limits of the limits the operating agreement of the limits	mpany is not organized under the laws of the State of Florida, it is herebeliange or changes are made, the Florida street address of the registered of the registered agent will be identical. Or, in the case of a Florida limit creby confirmed that the change(s) was/were authorized by an affirmative dliability company or as otherwise provided in the articles of organization of the limited liability company.	office ted ve vote of
	rized representative of a member)	· —
Richard M. Ross	3	<u>∸</u> -
(Printed or typed name of signee)		
i nereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	nintment as registered agent and agree to act in this capacity. I further ns of all statutes relative to the proper and complete performance of my ad accept the obligations of my position as registered agent as provided this document is being filed to merely reflect a change in the registered in that the limited liability company has been notified in writing of this c	agree to duties, l for in l office change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99) F1