

#L04000024893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

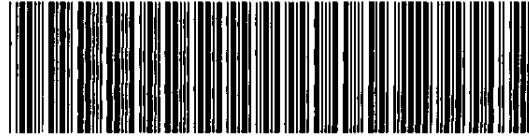
(Business Entity Name)

(Document Number)

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11 JUN 20 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JUN 22 2011



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 2, 2011

CRYSTAL CLEAR POOLS OF FLORIDA, LLC
GAIL GRANVILLE
320 US HWY 27
CLEARWATER, FL 34714

SUBJECT: CRYSTAL CLEAR POOLS OF FLORIDA, LLC
Ref. Number: L04000024893

We have received your document for CRYSTAL CLEAR POOLS OF FLORIDA, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 511A00013555

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CRYSTAL CLEAR BOIS of FLORIDA
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GAIL GRANVILLE
Name of Person

CRYSTAL CLEAR BOIS
Firm/Company

320, US HIGHWAY 27
Address

CLERMONT, FL 34714
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GAIL GRANVILLE at (407) 436 2160
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

CHECK FOR \$35.00
sent before & not returned.

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

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: CRYSTAL CLEAR POOLS OF FLORIDA

2. (a) Principal office address of limited liability company: 320 US HIGHWAY 27

(Note: **MUST BE STREET ADDRESS**)

CLERMONT, FL 34714

(b) Mailing address of limited liability company: AS ABOVE

(Note: **MAY BE POST OFFICE BOX**)

04/01/2004

3. Date of filing/registration in Florida

L 04000024293

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

JOHN G DOWER

Registered Office Address:

14472 HARTZOG ROAD
WINTER GDN
FL 34787

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

320 US HIGHWAY 27

CLERMONT

FL 34714

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

G. Dower
Signature of a member or authorized representative of a member

JOHN DOWER
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00