## **2007 LIMITED LIABILITY COMPANY**

## **ANNUAL REPORT**

DOCUMENT # L04000032801

AMBIANCE CUSTOM POOLS LLC



Principal Place of Business

1502 SW MERCEDES AVE PORT ST LUCIE, FL 34953 Mailing Address

2800 E COMMERCIAL BLVD STF 208

FT. LAUDERDALE, FL 33308

**FILED** Apr 05, 2007 8:00 am Secretary of State

04-05-2007 90028 010 \*\*\*\*50.00

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01302007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	Applied For	
27-0089 <u>877</u>	Not Applicable	
5. Certificate of Status Desired	\$5.00 Additional	

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KATZ, ALLEN H 2800 E COMMERCIAL BLVD STE 208 STE 208 FT. LAUDERDALE, FL 33308

## DO NOT WRITE IN THIS SPACE

<ol><li>The above the obligat</li></ol>	named entity submits this statement for the purpose of chan tions of registered agent.	nging its registered	office or registered agent, or both, in the Sta	ite of Florida. I am familiar with, and accept		
SIGNATURE	<u>e (                                   </u>					
<u>:</u> _	Signature, typed or printed name of registered agent and later I applicable.  Illing Fee is \$50.00 live by May 1, 2007	(NOTE: Registered A	gent signature required when reinstating)	DATE		
9.	MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BIFULCO, JERRY 1502 SW MERCEDES AVE PORT ST LUCIE, FL 34953					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT	WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS						

11. I hereby certify that the information supplied with this filing does not quality 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 expect this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

YPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE