2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000032906

Name:

Address:

City-St-Zip:

DEMAR, LINDA M

301 INDIAN MOUND DRIVE

MELBOURNE BEACH, FL 32951

Entity Name: WATERWORLD POOL SUPPLY, LLC

FILED Apr 01, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 301 INDIAN MOUND DRIVE 4610 BABCOCK STREET MELBOURNE BEACH, FL 32951 PALM BAY, FL 32905 **Current Mailing Address: New Mailing Address:** 301 INDIAN MOUND DRIVE MELBOURNE BEACH, FL 32951 FEI Number: 90-0182203 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DEMAR, DOUGLAS 1406 16TH ST VERO BEACH, FL 32960 US 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete EHLEN, ROBERT W Name: Name: 301 INDIAN MOUND DRIVE Address: Address: City-St-Zip: MELBOURNE BEACH, FL 32951 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: DEMAR, DOUGLAS Name: Address: 301 INDIAN MOUND DRIVE Address: City-St-Zip: MELBOURNE BEACH, FL 32951 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition DEMAR, LINDA Name: Name: 301 INDIAN MOUND DRIVE Address: Address: City-St-Zip: MELBOURNE BEACH, FL 32951 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Name:

Address:

City-St-Zip:

SIGNATURE: LINDA DEMAR MGR 04/01/2009