2005 LIMITED LIABILITY COMPANY

ANNUAL REPORT

FILED Apr 27, 2005 8:00 am Secretary of State

DOCUMENT # L04000048914 1. Entity Name POOL GUY POOL SERVICE LLC					04-27-2005 900	037 012 ****5	0.00
Principal Place of Business 2185 A1A #B ST. AUGUSTINE, FL 32080		Mailing Address 1093 A1A BEACH BLVD., PMB 556 ST. AUGUSTINE, FL 32080					u:
2. Principal P	lace of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-LLC	R2E083 (10/03)	
City & State		City & State		4. FEI Numb	163167W		plied For t Applicable
Zip	Country	Zip	Country		e of Status Desired	\$5.00 Addi Fee Required	
	6. Name and Address of Currer		7. Name and Address of New Registered Agent				
LYDEN, WILLIAM F III 2185 A1A #B ST. AUGUSTINE, FL 32080			Street Addres	Name Street Address (P.O. Box Number is Not Acceptable)			
0,,,,,,,	• · · · · • · · · · · · · · · · · · · ·		City			FL Zip Code	9
	named entity submits this statement tions of registered agent.	for the purpose of changing its	registered office or regis	tered agent, or bo	oth, in the State of Florida.		and accept
CICNATURE							
	Signature, typed or printed name of registered age	nt and title if applicable. (NOT	E: Registered Agent signature requi	ired when reinstating)	1	DATE	
Filing Fee is \$50.00 Due by May 1, 2005						eck payable to partment of State	,
9.	MANAGING MEMI	BERS/MANAGERS	10.		ADDITIONS/CHAI	NGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LYDEN, WILLIAM F III 1093 A1A BEACH BLVD., PME ST. AUGUSTINE, FL 32080	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME		☐ Detete	TITLE NAME		.,	☐ Change	Addition
STREET ADORESS CITY-ST-ZIP	-		STREET ADDRESS CITY-ST-ZIP	-	· ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
11. I hereby indicated limited lia	certify that the information supplied wild on this report is true and accurate a ability company or the receiver or true	ith this filing does not qualify fo nd that my signature shall have tee empowered to execute this	or the exemption stated in the same legal effect as report as required by Ch	Section 119.07(3 if made under oat apter 608, Florida)(i), Florida Statutes. I furth th; that I am a managing r a Statutes.	er certify that the in nember or manage	iformation ir of the