

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000048914

1. Entity Name  
POOL GUY POOL SERVICE LLC



Principal Place of Business

2185 A1A #B  
ST. AUGUSTINE, FL 32080

Mailing Address

1093 A1A BEACH BLVD., PMB 556  
ST. AUGUSTINE, FL 32080

**FILED**  
**Jul 11, 2008 08:00 AM**  
**Secretary of State**



07022008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
16-0763167

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

LYDEN, WILLIAM F III  
2185 A1A #B  
ST. AUGUSTINE, FL 32080

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
LYDEN, WILLIAM F III  
1093 A1A BEACH BLVD., PMB 556  
ST. AUGUSTINE, FL 32080

TITLE  
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000000954330  
07/11/08-80008-024 138.75

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

SI  
He

CALL 377-7000