

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000057517

FILED
Jul 07, 2006
Secretary of State

Entity Name: ABSOLUTE POOL CARE LLC

Current Principal Place of Business:

351 SW VOLTAIR TERRACE
PORT SAINT LUCIE, FL 34984 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 7909
PORT SAINT LUCIE, FL 34985 US

New Mailing Address:

FEI Number: 20-2192338 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MCCARTHY, KEVIN T
351 SW VOLTAIR TERRACE
PORT SAINT LUCIE, FL 34984 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:

Title: MGRM () Delete
Name: MCCARTHY, COLIN C
Address: 351 SW VOLTAIR TERRACE
City-St-Zip: PORT SAINT LUCIE, FL 34984 US

Title: MGRM () Delete
Name: KEVIN, MCCARTHY T
Address: 351 SW VOLTAIR TERRACE
City-St-Zip: PORT SAINT LUCIE, FL 34984 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: COLIN C MCCARTHY

MGRM

07/07/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date