

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000057517

**FILED**  
**Oct 01, 2008**  
**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:**

819 SE SWEETBAY AVE  
PORT SAINT LUCIE, FL 34983 US

**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:**

MCCARTHY, GARY  
351 SW VOLTAIR TERRACE  
PORT SAINT LUCIE, FL 34984 US

**Name and Address of New Registered Agent:**

MCCARTHY, COLIN  
819 SE SWEETBAY AVE.  
PORT SAINT LUCIE, FL 34983 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: COLIN MCCARTHY

10/01/2008

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 (X) Delete  
Name: GARY, MCCARTHY  
Address: 351 SW VOLTAIR TERRACE  
City-St-Zip: PORT SAINT LUCIE, FL 34984 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MCCARTHY, COLIN C  
Address: 819 SE SWEETBAY AVE  
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

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

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.

SIGNATURE: COLIN MCCARTHY

MGR

10/01/2008

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