

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000067317

FILED
Aug 19, 2008
Secretary of State

Entity Name: ADVANCED POOL & SPA SERVICE, LLC

Current Principal Place of Business:

17 WINDERMERE CT. NW
FT. WALTON BEACH, FL 32547

New Principal Place of Business:

Current Mailing Address:

PO BOX 1816
DESTIN, FL 32540

New Mailing Address:

FEI Number: 20-1708850 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:

SNELL, JAMIE N
55 FOXMEYER ROAD
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

SNELL, JAMIE N
17 WINDERMERE COURT NW
FORT WALTON BEACH, FL 32547 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: JAMES N. SNELL

08/19/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SNELL, JAMIE N
Address: 152 BREWER CIRCLE
City-St-Zip: MARY ESTHER, FL 32569

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SNELL, JAMIE N
Address: 17 WINDERMERE COURT NW
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: MGRM () Change (X) Addition
Name: SNELL, PAMELA M
Address: 17 WINDERMERE COURT NW
City-St-Zip: FORT WALTON BEACH, FL 32547

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: JAMES N. SNELL

MGRM

08/19/2008

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