## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000067317

Entity Name: ADVANCED POOL & SPA SERVICE, LLC

FILED Mar 19, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

17 WINDERMERE CT. NW 17 WINDEMERE CT. NW

FT. WALTON BEACH, FL 32547 FT. WALTON BEACH, FL 32547

Current Mailing Address: New Mailing Address:

PO BOX 1816 DESTIN, FL 32540

FEI Number: 20-1708850 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SNELL, JAMIE N 17 WINDMERE 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.

III the State of Floric

SIGNATURE: Electronic Signature of Registered Agent Date

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MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition Name: SNELL, JAMIE N Name: SNELL, JAMES N

 Name:
 SNELL, JAMIE N
 Name:
 SNELL, JAMES N

 Address:
 17 WINDEMERE COURT NW
 Address:
 17 WINDEMERE COURT NW

 City-St-Zip:
 FORT WALTON BEACH, FL 32547
 City-St-Zip:
 FORT WALTON BEACH, FL 32547

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 SNELL, PAMELA M
 Name:

 Address:
 17 WINDEMERE COURT NW
 Address:

 City-St-Zip:
 FORT WALTON BEACH, FL 32547
 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: JAMES N SNELL MGRM 03/19/2009