

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

02-02-2005 90157 004 ****50.00

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DOCUMENT # L04000073296					
1. Entity Name A-REGAL-WAY POOL SERVICE, LLC					
Principal Place of Business 12075 NW 40TH ST STE 5 CORAL SPRINGS, FL 33065 US			Mailing Address 4574 BUCIDA RD BOYNTON BEACH, FL 33436 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1730698	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STEHMAN, RONALD V 4574 BUCIDA RD BOYNTON BEACH, FL 33436			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 releasing) DATE _____					
Filing Fee is \$80.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STEHMAN, RONALD V 4574 BUCIDA RD BOYNTON BEACH, FL 33436 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STEHMAN, LOUISE G 4574 BUCIDA RD BOYNTON BEACH, FL 33436 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 606, Florida Statutes.					
SIGNATURE: <i>Louise Stehman</i> Louise Stehman		Date: <i>1-31-05</i> 1-31-05		Daytime Phone #: <i>561-374-7474</i> 561-374-7474	