

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2005 8:00 am**  
**Secretary of State**

02-08-2005 90078 045 \*\*\*\*50.00

**DOCUMENT # L04000076990**

1. Entity Name

CLEAR POOLS OF ORLANDO, LLC



Principal Place of Business

5228 BROSCHER RD.  
ORLANDO FL 32807  
US

Mailing Address

PO BOX 574923  
ORLANDO FL 32807  
US

2. Principal Place of Business

361 Prairie Lake Cove

3. Mailing Address

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

City & State

4. FEI Number

20-1712430

Applied For

Not Applicable

Zip

32701

Country

USA

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COYNE, MATTHEW L  
5228 BROSCHER RD  
ORLANDO FL 32807

7. Name and Address of New Registered Agent

Name Coyne, Matthew L

Street Address (P.O. Box Number is Not Acceptable)

361 Prairie Lake Cove

City

Altamonte Springs

FL

Zip Code

32701

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

*Matthew Coyne*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2-2-05

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME COYNE, MATTHEW L  
STREET ADDRESS 5228 BROSCHER RD  
CITY-ST-ZIP ORLANDO FL 32807 ☐ Delete

TITLE MGR  
NAME CLINE, ERIC J  
STREET ADDRESS 5228 BROSCHER RD  
CITY-ST-ZIP ORLANDO FL 32807 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 608, Florida Statutes.

SIGNATURE:

*Matthew Coyne*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

2-2-05

Daytime Phone #

407-832-5183