## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Apr 26, 2005 8:00 am Secretary of State **DOCUMENT # L04000080765** 04-26-2005 90016 038 \*\*\*\*50.00 1. Entity Name SUNTEC POOLS LLC Principal Place of Business Mailing Address - - 1 9542 HUMMINGBIRD BLVD. 9542 HUMMINGBIRD BLVD. PENSACOLA, FL 32514 PENSACOLA, FL 32514 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04202005 Chg-LLC CR2E083 (10/03) City & State 4. FEI Number APPLIED Applied For City & State Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARRIS, DAVID P Street Address (P.O. Box Number is Not Acceptable) 9542 HUMMINGBIRD BLVD. PENSACOLA, FL 32514 City 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 registrated agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM -TITLE Delete TITLE Change ☐ Addition HARRIS, DAVID P NAME NAME 9542 HUMMINGBIRD BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-7/P PENSACOLA, FL 32514 CITY-ST-ZIP Delete ☐ Change TITLE TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE Delete Change ■ Addition MAKE MALE STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7/P Delete ☐ Addition TITLE TITLE ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE Delete TITLE ☐ Chance Addition NAME NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP COY-ST-7P Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7JP 11. 1 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:

BER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**FILED**