

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90037 021 ****50.00

DOCUMENT # L04000086384

1. Entity Name
**SUPERIOR POOLS OF SOUTHWEST FLORIDA - FT.
MYERS, LLC**



Principal Place of Business
**12221 TOWNE LAKE DR., SUITE B
FT MYERS, FL 33913**

Mailing Address
**12221 TOWNE LAKE DR., SUITE B
FT MYERS, FL 33913**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

03212006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1942391

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**KENNEDY, JOHN D
12221 TOWNE LAKE DR., SUITE B
FT MYERS, FL 33913**

7. Name and Address of New Registered Agent

Name **WILLIAM L. KRAWCZYK**
Street Address (P.O. Box Number is Not Acceptable)
12221 TOWNE LAKE DRIVE STE B
City **FT, MYERS** FL Zip Code **33913**

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BRANDT, MICHAEL
12221 TOWNE LAKE DR #8
FORT MYERS, FL 33913** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
KRAWCZYK, WILLIAM L
417 COMMERCIAL CT #D
VENICE, FL 34292** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**517 TAMiami TRAIL
PORT CHARLOTTE, FL 33953** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

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

Date

Daytime Phone #

4-7-06 941-743-7171