

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000092781

**FILED**  
**Apr 12, 2007**  
**Secretary of State**

**Entity Name:** POOL CARE, LLC

**Current Principal Place of Business:**

P.O. BOX 520791  
LONGWOOD, FL 32752

**New Principal Place of Business:**

129 GRACE BLVD  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

P.O. BOX 520791  
LONGWOOD, FL 32752

**New Mailing Address:**

**FEI Number:** 20-2102332

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BENKIRAN & MALARET, P.A.  
1999 WEST COLONIAL DRIVE  
SUITE 204  
ORLANDO, FL 32804 US

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

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ADRIAN, LYON  
Address: P.O. BOX 520791  
City-St-Zip: LONGWOOD, FL 32752

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ADRIAN LYON

MGRM

04/12/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date