

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Apr 14, 2009
Secretary of State**

DOCUMENT# L04000092781

Entity Name: POOL CARE, LLC

Current Principal Place of Business:

129 GRACE BLVD
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

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 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

04/14/2009

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