

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90087 042 \*\*\*\*50.00

**DOCUMENT # L05000009225**

1. Entity Name  
**PROFESSIONAL POOL SERVICES, LLC**



Principal Place of Business  
**1420 JAMES STREET  
NEW SMYRNA BEACH, FL 32168**

Mailing Address  
**P.O. BOX 1505  
NEW SMYRNA BEACH, FL 32170**

**DO NOT WRITE IN THIS SPACE**



01202007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**20-2252193**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SUMMERS, DANA  
1420 JAMES STREET  
NEW SMYRNA BEACH, FL 32168**

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IN THIS SPACE**

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]* DANA SUMMERS MGR 1/20/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
SUMMERS, ROY J  
233 OAK LANE  
NEW SMYRNA BEACH, FL 32168**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
SUMMERS, DANA  
1420 JAMES ST  
NEW SMYRNA BEACH FL 32168**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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]* DANA SUMMERS MGR 1/20/07 386 427-3403  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #