

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000009225

FILED  
Mar 07, 2009  
Secretary of State

**Entity Name:** PROFESSIONAL POOL SERVICES, LLC

**Current Principal Place of Business:**

1420 JAMES STREET  
NEW SMYRNA BEACH, FL 32168

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1505  
NEW SMYRNA BEACH, FL 32170

**New Mailing Address:**

**FEI Number:** 20-2252193

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SUMMERS, DANA  
1420 JAMES STREET  
NEW SMYRNA BEACH, FL 32168 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: MGR ( ) Delete  
Name: SUMMERS, ROY J  
Address: 233 OAK LANE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: MGR ( ) Delete  
Name: SUMMERS, DANA  
Address: 1420 JAMES ST  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

**ADDITIONS/CHANGES:**

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

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: DANA SUMMERS

MANA

03/07/2009

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