

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000018824

FILED  
Jul 25, 2007  
Secretary of State

Entity Name: AQUA CARE POOL & SPA, LLC

**Current Principal Place of Business:**

8451-3 SOUTHBRIDGE DRIVE  
FORT MYERS, FL 33912

**New Principal Place of Business:**

8451-3 SOUTHBRIDGE DRIVE  
FORT MYERS, FL 33967

**Current Mailing Address:**

8451-3 SOUTHBRIDGE DRIVE  
FORT MYERS, FL 33912

**New Mailing Address:**

8451-3 SOUTHBRIDGE DRIVE  
FORT MYERS, FL 33967

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

STRAHLENDORF, ROBERT L  
8451-3 SOUTHBRIDGE DRIVE  
FORT MYERS, FL 33912 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: STRAHLENDORF, ROBERT L MGR  
Address: 8451-3 SOUTHBRIDGE DRIVE  
City-St-Zip: FORT MYERS, FL 33912 US

**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: ROBERT L. STRAHLENDORF

MGR

07/25/2007

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