

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000018824

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** AQUA CARE POOL & SPA, LLC

**Current Principal Place of Business:**

8451-3 SOUTHBRIDGE DRIVE  
FORT MYERS, FL 33967

**New Principal Place of Business:**

**Current Mailing Address:**

8451-3 SOUTHBRIDGE DRIVE  
FORT MYERS, FL 33967

**New Mailing Address:**

**FEI Number:** 20-2246952

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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:**

STRAHLENDORF, ROBERT L  
8451-3 SOUTHBRIDGE DRIVE  
FORT MYERS, FL 33967 US

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:

04/30/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: STRAHLENDORF, ROBERT L MGR  
Address: 8451-3 SOUTHBRIDGE DRIVE  
City-St-Zip: FORT MYERS, FL 33967 US

I hereby 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

04/30/2012

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