

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 21, 2006 8:00 am**  
**Secretary of State**

01-20-2006 90048 030 \*\*\*\*55.00

|  |                                 |  |   |  |  |
|--|---------------------------------|--|---|--|--|
| <b>DOCUMENT # L05000027278</b><br>1. Entity Name<br><b>MIGLINO BROTHERS POOL SERVICE AND REPAIRS LLC</b>   |                                 |  |   |  |  |
| Principal Place of Business<br><b>2412 S.E. CALIGULA AVENUE<br/>PORT ST. LUCIE, FL 34952</b>   |                                 |  | Mailing Address<br><b>PO BOX 7339<br/>PORT ST. LUCIE, FL 34985-7339</b> |  |  |
| 2. Principal Place of Business   |                                 | 3. Mailing Address   |   |  |  |
| Suite, Apt. #, etc.  |                                 | Suite, Apt. #, etc.  |   |  |  |
| City & State   |                                 | City & State   |   |  |  |
| Zip  | Country                         | Zip  | Country   | 4. FEI Number<br><b>02-0742277</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                                 |  |   | Applied For<br><input type="checkbox"/> Not Applicable                       |  |
| 6. Name and Address of Current Registered Agent  |                                 |  |   | 7. Name and Address of New Registered Agent                                  |  |
| <b>MIGLINO, BRANDON J<br/>2412 S.E. CALIGULA AVENUE<br/>PORT ST. LUCIE, FL 34952</b>   |                                 |  |   | - Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City         |  |
| 8. This 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.   |                                 |  |   | <b>FL</b> Zip Code   |  |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and date if applicable. (If JUDGE, Registered Agent signature required when registering)</small>   |                                 |  |   |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>  |                                 | <b>Make check payable to<br/>Florida Department of State</b> |   |  |  |
| 9. MANAGING MEMBERS/MANAGERS   |                                 |  | 10. ADDITIONS/CHANGES   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| 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. |                                 |  |   |  |  |
| <b>SIGNATURE: Justin V. Miglino Justin V. Miglino</b>  |                                 |  |   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |                                 |  |   | Date<br><b>1-16-2006 772-359-6730</b>  |  |



ATTACHMENT  
30000827

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 27, 2006

MIGLINO BROTHERS POOL SERVICE AND REPAIRS LLC  
PO BOX 7339  
PORT ST. LUCIE, FL 34985-7339

Subject: **MIGLINO BROTHERS POOL SERVICE AND REPAIRS LLC**

Reference Number: **L05000027278**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE  
ANNUAL REPORTS SECTION

Please Note the  
Change of title to  
Both Brandon J. Miglino  
and Justin Miglino to  
Managing member as  
requested.