

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000027866

FILED
Jul 02, 2009
Secretary of State

Entity Name: TIM'S POOLS, LLC

Current Principal Place of Business:

7160 ELYTON DR
NORTH PORT, FL 34287

New Principal Place of Business:

2668 CLOVELON ST
NORTH PORT, FL 34291

Current Mailing Address:

7160 ELYTON DR
NORTH PORT, FL 34287

New Mailing Address:

2668 CLOVELON ST
NORTH PORT, FL 34291

FEI Number: 20-2884414 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

Name and Address of New Registered Agent:

ALL FLORIDA FIRM, INC.
465 S. VOLUSIA AVE.
SUITE C
ORANGE CITY, FL 32763 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ACOSTA, TIMOTEO
Address: 7160 ELYTON DR
City-St-Zip: NORTH PORT, FL 34287

Title: MGR () Delete
Name: CASIANO, BERTHA
Address: 7160 ELYTON DR
City-St-Zip: NORTH PORT, FL 34287

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ACOSTA, TIMOTEO
Address: 2668 CLOVELON ST
City-St-Zip: NORTH PORT, FL 34291

Title: MGR (X) Change () Addition
Name: CASIANO, BERTHA
Address: 2668 CLOVELON ST
City-St-Zip: NORTH PORT, FL 34291

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: BERTHA CASIANO

MGR

07/02/2009

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