

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000043255

Entity Name: SOLARA POOLS LLC

FILED
Sep 26, 2007
Secretary of State

Current Principal Place of Business:

13359 SUMMERTON DRIVE
ORLANDO, FL 32824

New Principal Place of Business:

11650 MALVERNS LOOP
ORLANDO, FL 32832

Current Mailing Address:

13359 SUMMERTON DRIVE
ORLANDO, FL 32824

New Mailing Address:

11650 MALVERNS LOOP
ORLANDO, FL 32832

FEI Number: 59-3804122 FEI Number Applied For () FEI Number Not Applicable () 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:

IMRE, JUZA
13359 SUMMERTON DRIVE
ORLANDO, FL 32824 US

Name and Address of New Registered Agent:

IMRE, JUZA
11650 MALVERNS LOOP
ORLANDO, FL 32832 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: IMRE JUZA

09/26/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JUZA, IMRE
Address: 13359 SUMMERTON DRIVE
City-St-Zip: ORLANDO, FL 32824

Title: MGRM () Delete
Name: MASZLAVER, ROBERT
Address: 2367 NAUTICAL WAY APT. 115
City-St-Zip: WINTER PARK, FL 32792

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: IMRE JUZA

MR

09/26/2007

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