

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90020 024 ****50.00

DOCUMENT # L05000049147

1. Entity Name
DAVE'S POOL SERVICE, LLC



Principal Place of Business
**1531 RIALTO DRIVE
100
BOYNTON BEACH, FL 33436**

Mailing Address
**1531 RIALTO DRIVE
100
BOYNTON BEACH, FL 33436**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04102006 Chg-LLC CR2E083 (11/05)

4. FEI Number

☐ Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**YAP, ROGER W SR.
1531 RIALTO DRIVE
BOYNTON BEACH, FL 33436**

Name **DAVID A. YAP**

Street Address (P.O. Box Number is Not Acceptable)

1531 RIALTO DRIVE

City **BOYNTON BEACH**

FL Zip Code **33436**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

David A. Yap

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **YAP, MICHAEL A SR**
STREET ADDRESS **10615 PALM SPRING DRIVE**
CITY-ST-ZIP **BOCA RATON, FL 33428**

TITLE **MGR** ☐ Change ☒ Addition
NAME **YAP, ROGER W SR**
STREET ADDRESS **1055 NW 7TH STREET**
CITY-ST-ZIP **BOCA RATON, FL 33486**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☐ Change ☒ Addition
NAME **YAP, DAVID A. SR**
STREET ADDRESS **1531 RIALTO DRIVE**
CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

Roger W Yap

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/17/2006

Date

Daytime Phone #