

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90102 015 ***138.75

DOCUMENT # L05000055338

1. Entity Name

ALL WET POOLS & SPAS LLC



Principal Place of Business

1705 E MCKINLEY ST
HERNANDO FL 34442

Mailing Address

P.O. BOX 1480
HERNANDO FL 34442



2. Principal Place of Business - No P.O. Box #

3919 W. Ridgewood Dr.

Suite, Apt. #, etc.

sharps FL

City & State

32957 USA

Zip

Country

3. Mailing Address

P.O. Box 642

Suite, Apt. #, etc.

sharps FL

City & State

32959 USA

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number

59-3654323

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KEESE, NORALYNNE
2618 MILL RUN BLVD
KISSIMMEE FL 34744

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Rickey Keese Rickey Keese MGR owned

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

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME KEESEE, RICKEY
STREET ADDRESS P.O. BOX 1480
CITY-ST-ZIP HERNANDO FL 34442

TITLE MGRM ☒ Delete
NAME KEESEE, NORALYNNE
STREET ADDRESS 1705 E MCKINLEY ST
CITY-ST-ZIP HERNANDO FL 34442

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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 Section 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:

Rickey Keese Rickey Keese MGR *owner President* 4-3-08 321-795-0090

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

Date

Daytime Phone #