

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000059914

**FILED**  
**Oct 26, 2010**  
**Secretary of State**

**Entity Name:** GREAT AMERICAN POOLS LLC

**Current Principal Place of Business:**

5206 PALACE CT  
ORLANDO, FL 32810

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 608501  
ORLANDO, FL 32806

**New Mailing Address:**

**FEI Number:** 41-2182407

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CRUIKSHANK, GRANT W  
5206 PALACE CT  
ORLANDO, FL 32810 US

**Name and Address of New Registered Agent:**

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:** GRANT W. CRUIKSHANK

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** CRUIKSHANK, GRANT  
**Address:** 5206 PALACE CT  
**City-St-Zip:** ORLANDO, FL 32810

**Title:** MGR  
**Name:** CRUIKSHANK, SCOTT  
**Address:** 940 N ATMORE CIR  
**City-St-Zip:** DELTONA, FL 32725

**Title:** MGRM  
**Name:** CRUIKSHANK, JEFFREY G  
**Address:** 5206 PALACE CT  
**City-St-Zip:** ORLANDO, FL 32810

I hereby 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:** GRANT W. CRUIKSHANK

MGR

10/26/2010

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