2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2008
Secretary of State

DOCUMENT# L05000070523

Entity Name: ALBERT ADAMS POOL SERVICE, LLC

Current Principal Place of Business:

9157 VENEZIA PLANTATION DRIVE
ORLANDO, FL 32829

New Principal Place of Business:

Current Mailing Address:

9157 VENEZIA PLANTATION DRIVE
ORLANDO, FL 32829

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADAMS, ALBERT L
9157 VENEZIA PLANTATION DR.
ORLANDO, FL 32829 US

Name and Address of New Registered Agent:

ADAMS, ALBERT L
9157 VENEZIA PLANTATION DRIVE
ORLANDO, FL, FL 32829 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: ALBERT ADAMS 01/07/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ADAMS, ALBERT L
Address: 9157 VENEZIA PLANTATION DRIVE
City-St-Zip: ORLANDO, FL 32829

Title: MGR ( ) Delete
Name: ADAMS, SHARMA L
Address: 9157 VENEZIA PLANTATION DRIVE
City-St-Zip: ORLANDO, FL 32829

ADDITIONS/CHANGES:

Title: MR. (X) Change ( ) Addition
Name: ADAMS, ALBERT L
Address: 9157 VENEZIA PLANTATION DRIVE,
City-St-Zip: ORLANDO, FL 32829

Title: MRS. (X) Change ( ) Addition
Name: ADAMS, SHARMA L
Address: 9157 VENEZIA PLANTATION DRIVE,
City-St-Zip: ORLANDO, FL 32829

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: ALBERT ADAMS MR. 01/07/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date