

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000075306

FILED
May 05, 2006
Secretary of State

Entity Name: ABSOLUTE COMFORT POOL & SPA REPAIR, LLC

Current Principal Place of Business:

PO BOX 350595
PALM COAST, FL 32135 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 350595
PALM COAST, FL 32135 US

New Mailing Address:

FEI Number: 20-3235076 **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:

DENTON, M
18 COLLINGDALE CT
PALM COST, FL 32137 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DENTON, M
Address: 18 COLLINGDALE CT
City-St-Zip: PALM COAST, FL 32137 US

Title: MGRM () Delete
Name: DENTON, J
Address: 18 COLLINGDALE CT
City-St-Zip: PALM COAST, FL 32137 US

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 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: J DENTON

MGRM

05/05/2006

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