

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000078243

FILED
Jun 15, 2009
Secretary of State

Entity Name: UNITED POOL REPAIR & LEAK SPECIALIST, LLC

Current Principal Place of Business:

2195 N. POWERLINE RD SUITE #2
POMPAÑO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

2195 N. POWERLINE RD SUITE #2
POMPAÑO BEACH, FL 33069

New Mailing Address:

FEI Number: 86-1147712 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:

Name and Address of New Registered Agent:

CARSTEN, SHANNON L
2195 N. POWERLINE RD
SUITE #2
POMPAÑO BEACH, FL 33069 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CARSTEN, SHANNON L
Address: 1741 SW 129TH WAY
City-St-Zip: DAVIE, FL 33325

Title: MGRM () Delete
Name: CARSTEN, DAVID W
Address: 1741 SW 129TH WAY
City-St-Zip: DAVIE, FL 33325

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 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: SHANNON CARSTEN

OWNE

06/15/2009

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