

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 23, 2007 08:00 A
Secretary of State

DOCUMENT # L05000083626

1. Entity Name
MICK POOL LLC



Principal Place of Business
**433 W. HOGLE AVENUE
DELAND, FL 32720 US**

Mailing Address
**433 W. HOGLE AVENUE
DELAND, FL 32720 US**



02022007 No Chg-LLC

CR2E083 (11/05)

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| 4. FEI Number 20-3522779 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**POOL, MICHAEL R
433 W. HOGLE AVENUE
DELAND, FL 32720**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee Is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR POOL, MICHAEL R 433 WEST HOGLE AVENUE DELAND, FL 32720 |
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05/31/07-80032-010 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: **MICHAEL POOL** **04/28/07** **(386) 626-2075**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #