



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
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	
DO NOT WRITE IN THIS SPACE		
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POOL, MICHAEL R 433 WEST HOGLE AVENUE DELAND, FL 32720	
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		Date: 02/18/08 Daytime Phone #: 386.453.1778



02152008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-3522779

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

UD00000836265
05/23/08-80063-008 138.75