

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000123389

**FILED**  
**May 18, 2010**  
**Secretary of State**

**Entity Name:** SEABREEZE POOL SERVICE LLC

**Current Principal Place of Business:**

4101 CROWNWOOD DRIVE  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

4813 FLORIDA CLUB CIRCLE  
#1306  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

P O BOX 551171  
JACKSONVILLE, FL 32255

**New Mailing Address:**

4813 FLORIDA CLUB CIRCLE  
#1306  
JACKSONVILLE, FL 32216

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **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:**

ALLMOND, BRIAN S  
4101 CROWNWOOD DRIVE  
JACKSONVILLE, FL 32116    US

**Name and Address of New Registered Agent:**

ALLMOND, BRIAN S  
4813 FLORIDA CLUB CIRCLE  
# 1306  
JACKSONVILLE, FL 32116 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: BRIAN S.ALLMOND

05/18/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ALLMOND, BRIAN S  
Address: 4813 FLORIDA CLUB CIRCLE # 1306  
City-St-Zip: JACKSONVILLE, FL 32116

I hereby 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: BRIAN S ALLMOND

OWNE

05/18/2010

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