

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000027758

**FILED**  
**Feb 14, 2012**  
**Secretary of State**

**Entity Name:** BLUE WAVE POOLS OF SOUTH FLORIDA, LLC

**Current Principal Place of Business:**

4018 ROBERTS POINT RD  
SARASOTA, FL 34242

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5836  
SARASOTA, FL 34277 58

**New Mailing Address:**

**FEI Number:** 72-1613567      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

VASSALLO, KRIS R  
4018 ROBERTS POINT RD  
SARASOTA, FL 34242 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:** MGR  
**Name:** VASSALLO, KRIS R  
**Address:** 4018 ROBERTS POINT RD  
**City-St-Zip:** SARASOTA, FL 34242

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: KRIS R VASSALLO

MGR

02/14/2012

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