2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Feb 27, 2008 8:00 am
Secretary of State
02-27-2008 90078 039 ***138.75

DOCUMENT # L06000040037

1. Entity Name

CRYSTAL CLEAR POOL SERVICE, LLC

Principal Place of Business	Mailing Address
3931 S. PENINSULA DRIVE WILBUR BY THE SEA FL 32127	P.O. BOX 7347 DAYTONA BEACH FL 32116

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3931 S. PENINSULA D.	P.O. BOX 7347 (~~3931 S. PENINSULA DR~~)
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WILBUR by THE SEA FL	City & State: DAYTONA BCH SHORES
Zip: 32127 · Country: VOLUSIA	Zip: 32127 · Country: VOLUSIA

1st MOORE CR2E083 (10/07)

4. FEI Number 20-5784055 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LABRIE, ROGER G 3931 PENINSULA DRIVE WILBUR BY THE SEA FL 32127	Name: LABRIE ROGER G Street Address (P.O. Box Number is Not Acceptable): 3931 S. PENINSULA DR City: WILBUR by THE SEA FL Zip Code: 32127

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] DATE 2-22-08

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ROGER G. LABRIE		NAME		
STREET ADDRESS	3931 PENINSULA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	WILBUR BY THE SEA FL 32127		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #