

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000043564

FILED
Oct 08, 2007
Secretary of State

Entity Name: DOLPHIN POOL CARE, LLC

Current Principal Place of Business:

1501 N COMBEE ROAD
LAKELAND, FL 33801 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 91213
LAKELAND, FL 338041213 US

New Mailing Address:

FEI Number: 20-4784131 FEI Number Applied For () FEI Number Not Applicable () 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:

PROFESSIONAL TAX CONSULTANTS, INC.
112 AVENUE E SW
WINTER HAVEN, FL 33880 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: RONALD A YOST EA

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KEEFER, MARK S
Address: PO BOX 91213
City-St-Zip: LAKELAND, FL 33804 US

Title: MGRM () Delete
Name: HUDDLESTON KEEFER, LYDIA L
Address: PO BOX 91213
City-St-Zip: LAKELAND, FL 33804

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: LYDIA HUDDLESTON KEEFER

MGRM

10/08/2007

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