

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000045179

**FILED**  
**Dec 15, 2009**  
**Secretary of State**

**Entity Name:** ALL AMERICAN POOL SERVICE, LLC

**Current Principal Place of Business:**

1800 OLD MOODY BLVD.  
BUNNELL, FL 32110 US

**New Principal Place of Business:**

11 BILTWELL PLACE  
PALM COAST, FL 32137 US

**Current Mailing Address:**

P.O. BOX 354948  
PALM COAST, FL 321354948 US

**New Mailing Address:**

**FEI Number:** 38-4949280      **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:**

SMITH, TRENTON M  
140 WHISPERING PINE DR.  
PALM COAST, FL 32164 US

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

SMITH, TRENTON M  
11 BILTWELL PLACE  
PALM COAST, FL 32137 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: TRENTON M. SMITH

12/15/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SMITH, TRENTON M  
Address: 140 WHISPERING PINE DR.  
City-St-Zip: PALM COAST, FL 32164 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SMITH, TRENTON M  
Address: 11 BILTWELL PLACE  
City-St-Zip: PALM COAST, FL 32137 US

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: TRENTON M. SMITH

MGR

12/15/2009

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