

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000047497

**FILED**  
**Mar 26, 2010**  
**Secretary of State**

**Entity Name:** TROPICAL POOL CARE, LLC

**Current Principal Place of Business:**

3287 GREYNOLDS AVE  
SPRING HILL, FL 34608 US

**New Principal Place of Business:**

**Current Mailing Address:**

3287 GREYNOLDS AVE  
SPRING HILL, FL 34608 US

**New Mailing Address:**

**FEI Number:** 20-4847070      **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:**

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

PACHECO, EDWARD T  
3287 GREYNOLDS AVE  
SPRING HILL, FL 34608 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:** EDWARD PACHECO

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** PACHECO, EDWARD T  
**Address:** 3287 GREYNOLDS AVE  
**City-St-Zip:** SPRING HILL, FL 34608 US

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:** EDWARD T PACHECO

MGRM

03/26/2010

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