

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000047497

**FILED**  
**Jan 03, 2012**  
**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 ( )**

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

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

01/03/2012

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