

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000056085

Entity Name: MY POOL WAREHOUSE LLC

FILED  
Apr 23, 2007  
Secretary of State

**Current Principal Place of Business:**

6091 CYPRESS HOLLOW WAY  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

6091 CYPRESS HOLLOW WAY  
NAPLES, FL 34109

**New Mailing Address:**

FEI Number: 20-4988434

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LOFENDO, AUGUST J  
6091 CYPRESS HOLLOW WAY  
NAPLES, FL 34109 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LOFENDO, AUGUST J  
Address: 6091 CYPRESS HOLLOW WAY  
City-St-Zip: NAPLES, FL 34109

Title: MGRM ( ) Delete  
Name: LOFENDO, ANTHONY A  
Address: 4660 1ST AVENUE NW  
City-St-Zip: NAPLES, FL 34119

Title: MGRM (X) Delete  
Name: RYAN, JAMES E  
Address: 5930 HIDDEN OAKS LANE  
City-St-Zip: NAPLES, FL 34119

**ADDITIONS/CHANGES:**

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

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 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: AUGUST J. LOFENDO

MGRM

04/23/2007

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