

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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FILED
Jul 02, 2008 8:00 am
Secretary of State

05-23-2008 90160 016 ***138.75

DOCUMENT # L06000062862	
1. Entity Name PARK AVENUE POOL AND SPA SERVICE, LLC	

Principal Place of Business 6017 PINE RIDGE ROAD #383 NAPLES, FL 34119	Mailing Address 6017 PINE RIDGE ROAD #383 NAPLES, FL 34119
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30010117



04202008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SCHULTZ, ROBERT W 5934 ALMANDEN DR NAPLES, FL 34119
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**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

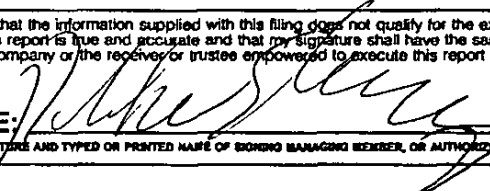
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHULTZ, ROBERT W 5934 ALMANDEN DR. NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PHYSICIAN JESSICA MGRM 5934 ALMANDEN DR. NAPLES FL 34119
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #