2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 02, 2008 8:00 am
Secretary of State
05-23-2008 90160 016 ***138.75

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

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

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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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SCHULTZ, ROBERT W
STREET ADDRESS	5934 ALMANDEN DR.
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	MGRM
NAME	PARK JESSICA
STREET ADDRESS	5934 ALMANDEN DR.
CITY-ST-ZIP	NAPLES FL 34119
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 #