

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000064862

Entity Name: SAFE SWIM POOL SERVICES LLC

FILED
Jun 04, 2009
Secretary of State

Current Principal Place of Business:

1807 SABAL PALM DR
EDGEWATER, FL 321323230

New Principal Place of Business:

Current Mailing Address:

1807 SABAL PALM DR
EDGEWATER, FL 321323230

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

CARR, DAVID T
1807 SABAL PALM DRIVE
EDGEWATER, FL 321323230 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CARR, DAVID T
Address: 1807 SABAL PALM DR
City-St-Zip: EDGEWATER, FL 321323230

Title: MGRM () Delete
Name: CARR, MARY ELIZABETH
Address: 1807 SABAL PALM DRIVE
City-St-Zip: EDGEWATER, FL 321323230

ADDITIONS/CHANGES:

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 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: DAVID T CARR

MGR

06/04/2009

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