

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

04-23-2007 90376 042 ****50.00

DOCUMENT # L06000068802 1. Entity Name POOL SERVICE BY ROBANNE LLC					
Principal Place of Business 2778 NORTHCOTE DRIVE PALM HARBOR, FL 34684			Mailing Address 2778 NORTHCOTE DRIVE PALM HARBOR, FL 34684		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 02222007 Chg-LLC CR2E083 (12/06)	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☒ Not Applicable	
6. Name and Address of Current Registered Agent FICCO, ROBANNE K 2778 NORTHCOTE DRIVE PALM HARBOR, FL 34684				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reappointing)					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FICCO, ROBANNE K 2778 NORTHCOTE DRIVE PALM HARBOR, FL 34684	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition			
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 606, Florida Statutes.					
SIGNATURE:		#/20/07 727 786 4493 Date Daytime Phone #			