

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90099 049 ***138.75

DOCUMENT # L06000070833

1. Entity Name
BACKYARD POOL & SPA SUPPLIES OF N.W. FL, LLC



Principal Place of Business
**2579 DOUGLAS AVENUE
PENSACOLA, FL 32504**

Mailing Address
**2579 DOUGLAS AVENUE
PENSACOLA, FL 32504**

60044802



2. Principal Place of Business - No P.O. Box #
4305 MONTEIGNE DR
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 11769
Suite, Apt. #, etc.

07092008 Chg-LLC CR2E083 (12/06)

City & State
PENSACOLA, FL
Zip
32504
Country
US

City & State
PENSACOLA, FL
Zip
32524
Country
US

4. FEI Number
20-5213480
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**BEGGS & LANE, A REGISTERED LIMITED LIAB
501 COMMENDENCIA STREET
PENSACOLA, FL 32502**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/9/08

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PARKER, JOSEPH C
2579 DOUGLAS AVE
PENSACOLA, FL 32504** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BATTEN, DAVID
4594 SOUTHSIDE DR
GULF BREEZE, FL 32563** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PARKER, JOSEPH C.
4305 MONTEIGNE DR
PENSACOLA, FL 32504** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
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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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/9/08

Date

850-478-0777

Daytime Phone #