2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Dec 10, 2007
Secretary of State

DOCUMENT# L06000072353

Entity Name: CERTIFIED POOL SERVICE, LLC

Current Principal Place of Business:

14401 ALICO ROAD
FORT MYERS, FL 33912

New Principal Place of Business:

15051 PUNTA RASSA ROAD
FORT MYERS, FL 33908

Current Mailing Address:

14401 ALICO ROAD
FORT MYERS, FL 33912

New Mailing Address:

FEI Number: 20-5235187 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JAMES LARRY NICHOLS, P.A.
8191 COLLEGE PARKWAY
SUITE 204
FORT MEYRS, FL 33919 US

Name and Address of New Registered Agent:

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: MGRM ( ) Delete
Name: KNIGHT, STEEVEN C
Address: 15051 PUNTA RASSA ROAD
City-St-Zip: FORT MYERS, FL 33908

Title: MGR (X) Delete
Name: MILLER, APRIL M
Address: 15051 PUNTA RASSA ROAD
City-St-Zip: FORT MYERS, FL 33908

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: STEEVEN KNIGHT MGR 12/10/2007

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