

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000078128

FILED
Apr 29, 2009
Secretary of State

Entity Name: CUSTOM POOL RENOVATION LLC

Current Principal Place of Business:

1354 WINTER GREEN WAY
WINTER GARDENS, FL 34787 US

New Principal Place of Business:

2400 WESTWOOD DR
LONGWOOD, FL 32779 US

Current Mailing Address:

1354 WINTER GREEN WAY
WINTER GARDENS, FL 34787 US

New Mailing Address:

2400 WESTWOOD DR
LONGWOOD, FL 32779 US

FEI Number: 20-5345916 FEI Number Applied For () FEI Number Not Applicable () 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:

QUARRICK, MICHAEL
1354 WINTER GREEN WAY
WINTER GARDENS, FL 34787 US

Name and Address of New Registered Agent:

QUARRICK, MICHAEL
2400 WESTWOOD DR
LONGWOOD, FL 32779 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: MICHAEL QUARRICK

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: QUARRICK, MICHAEL
Address: 1354 WINTER GREEN WAY
City-St-Zip: WINTER GARDENS, FL 34787 US

Title: MGMR () Delete
Name: KOWALCZYK, BRADLEY
Address: 1354 WINTER GREEN WAY
City-St-Zip: WINTER GARDENS, FL 34787 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: QUARRICK, MICHAEL
Address: 2400 WESTWOOD DR
City-St-Zip: LONGWOOD, FL 32779 US

Title: MGMR (X) Change () Addition
Name: KOWALCZYK, BRADLEY
Address: 2400 WESTWOOD DR
City-St-Zip: LONGWOOD, FL 32779 US

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: MICHAEL QUARRICK

MGR

04/29/2009

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