

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000087834

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: FABERS POOL SERVICE L.L.C.

## Current Principal Place of Business:

1900 GROVE STREET  
SARASOTA, FL 34239

## New Principal Place of Business:

## Current Mailing Address:

1900 GROVE STREET  
SARASOTA, FL 34239

## New Mailing Address:

FEI Number: 56-2611426

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FABER, FRANK M  
1900 GROVE STEET  
SARASOTA, FL 34239 US

## Name and Address of New Registered Agent:

FABER, FRANK M MGRM  
1900 GROVE STEET  
SARASOTA, FL 34239 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: FRANK FABER

04/27/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: FABER, FRANK M  
Address: 1900 GROVE STREET  
City-St-Zip: SARASOTA, FL 34239

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: FABER, FRANK M MGRM  
Address: 1900 GROVE STREET  
City-St-Zip: SARASOTA, FL 34239

Title: MGRM ( ) Change (X) Addition  
Name: FABER, FRANK M  
Address: 1900 GROVE STREET  
City-St-Zip: SARASOTA, FL 34239

Title: MGRM ( ) Change (X) Addition  
Name: FABER, FRANK M MGRM  
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City-St-Zip: SARASOTA, FL 34239

Title: MGRM ( ) Change (X) Addition  
Name: FABER, FRANK M MGRM  
Address: 1900 GROVE STREET  
City-St-Zip: SARASOTA, FL 34239

Title: MGRM ( ) Change (X) Addition  
Name: FABER, FRANK M MGRM  
Address: 1900 GROVE STREET  
City-St-Zip: SARASOTA, FL 34239

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: FRANK FABER

MGRM

04/27/2009

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