

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000106718

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** DREAMSCAPES POOLS AND SPAS, LLC

**Current Principal Place of Business:**

418 BOUCHELLE DRIVE  
201  
NEW SMYRNA BEACH, FL 32169 US

**New Principal Place of Business:**

1330 TROPIC PARK DRIVE  
SANFORD, FL 32773 US

**Current Mailing Address:**

4044 WEST LAKE MARY BLVD.  
SUITE 104327  
LAKE MARY, FL 32746 US

**New Mailing Address:**

1330 TROPIC PARK DRIVE  
SANFORD, FL 32773 US

FEI Number: 71-1015069

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHAUGHNESSY, MARK B  
418 BOUCHELLE DRIVE  
201  
NEW SMYRNA BEACH, FL 32169 US

**Name and Address of New Registered Agent:**

SHAUGHNESSY, MARK B  
432 BOUCHELLE DRIVE  
NEW SMYRNA BEACH, FL 32169 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: MARK SHAUGHNESSY

04/10/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SHAUGHNESSY, MARK B  
Address: 432 BOUCHELLE DRIVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: MGRM  
Name: SHAUGHNESSY, MICHAEL A  
Address: 265 MINORCA BEACH WAY  
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

I hereby 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: MARK SHAUGHNESSY

MGRM

04/10/2012

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