



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000109364 1. Entity Name POOL WORKS LLC	
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Principal Place of Business 10349 CORBETT JOHN RD PARRISH, FL 34219	Mailing Address 10349 CORBETT JOHN RD PARRISH, FL 34219
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DO NOT WRITE IN THIS SPACE



01032008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-5867123	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**JOHN, GREG J
10349 CORBETT JOHN RD
PARRISH, FL 34219**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHN, GREG J 10349 CORBETT JOHN RD PARRISH, FL 34219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHN, KYLE G 10349 CORBETT JOHN RD PARRISH, FL 34219
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**U000000794629
01/28/08-80015-015 138.75**

**DO NOT WRITE
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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: 