

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 02, 2008 8:00 am
Secretary of State

04-25-2008 90018 005 ***138.75

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DOCUMENT # L06000119212						
1. Entity Name MCGOWAN'S POOL SERVICE & REPAIR, LLC						
Principal Place of Business 102 NE 2 STREET PMB 272 BOCA RATON, FL 33432			Mailing Address 102 NE 2 STREET PMB 272 BOCA RATON, FL 33432			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
MCGOWAN, PATRICK R 960 LAGO MAR LANE #2 BOCA RATON, FL 33431				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when re-registering)						
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES		
TITLE	MGR ☐ Delete			TITLE	☐ Change ☐ Addition	
NAME	MCGOWAN, PATRICK R			NAME		
STREET ADDRESS	960 LAGO MAR LANE #2			STREET ADDRESS		
CITY- ST- ZIP	BOCA RATON, FL 33431			CITY- ST- ZIP		
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY- ST- ZIP				CITY- ST- ZIP		
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY- ST- ZIP				CITY- ST- ZIP		
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition	
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CITY- ST- ZIP				CITY- ST- ZIP		
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY- ST- ZIP				CITY- ST- ZIP		
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: <u>Patrick R McGowan</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date: <u>4-20-08</u> Date Daytime Phone #		