## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPERS OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

## FILED Apr 18, 2008 8:00 am Secretary of State

DOCUMENT # L07000025284  1. Entity Name MCDOWELL'S ALL REPAIR POOL CARE, LLC							04-18-2008 90158 049 ***143				
Principal Place of Business 220 VILLA DI ESTE TERRACE #104 HEATHROW, FL 32746			Mailing Address P.O. BOX 951416 LAKE MARY, FL 3279				II BUITE INDII BOAIN ADTII BO		50004	P481 (41 148)	
2. Principal P		ness - No P.O. Box #	3. Mailing Address 5224 W. Stat		46						
Suite, Apt.		NO PIACE	Suite, Apt. #, etc. 3 2 4	# 1~01	<u> </u>		04022008	Chg-LLC	CR2E0	83 (12/06)	
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3071	<u>ひたし,</u> つい	Country	Sanford	Count		~~		of Status Desired	<b>b</b> /	\$5.00 Add	ot Applicable
שבי	6. Name	and Address of Current I	Registered Agent	U			7. Name and	d Address of New I			
MCDOWE	LL, NAKA	IDIA .			Name						
220 VILLA #104	DI ESTE	TERRACE			Street A	ddress (F	O. Box Numb	er is Not Acceptabl	Θ) ` 		<del>_</del>
HEATHRO	)W, FL 32	2746								, <u></u>	
· · · · ·					City		<u> </u>		FL	Zip Cod	
		ty submits this statement for tered agent.	the purpose of changing its	registere	ed office or	registere	ed agent, or bo	th, in the State of Fl	orida. I am i	amiliar with,	and accept
SIGNATURE	Signature, typed	d or printed name of registered agent e	and title if applicable. (NOT	E: Registered	Agent signati	ure required	when reinstating)		DATE		· ·
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		FEE IS \$138.75 Fee will be \$538.75							te check p a Departm	ayable to ent of Stat	•
				10.					a Departm	-	•
9.	<b>MGRM</b>	MANAGING MEMBER		TIFLE		MEA		ADDITIONS	a Departm	-	Addition
9. TITLE NAME STREET ADDRESS	MGRM MCDOWI 220 VILL	MANAGING MEMBER  ELL, MATTHEW J A DI ESTE TERRACE, #	RS/MANAGERS  Delete	TIFLE NAME STREE	ET ADDRESS	454	o Red m	ADDITIONS  and Plac	a Departm /CHANGES	ent of Stat	
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