

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90166 015 ***138.75

DOCUMENT # L07000035661

1. Entity Name
SAN SWIM POOLS, LLC



Principal Place of Business
**1441 NORTH WEST 19TH STREET #238
MIAMI, FL 33125**

Mailing Address
**1441 NORTH WEST 19TH STREET #238
MIAMI, FL 33125**

2. Principal Place of Business - No P.O. Box #

4217 NE 16th St

Suite, Apt. #, etc.

3. Mailing Address

4217 NE 16th ST

Suite, Apt. #, etc.



04082008 Chg-LLC CR2E083 (12/06)

City & State

Homestead FL

Zip Country

33033 USA

City & State

Homestead, FL

Zip Country

33033 USA

4. FEI Number

01-0891674

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JIMENEZ, SANTIAGO
~~**1441 NORTH WEST 19TH STREET #238**~~
~~**MIAMI, FL 33125**~~
4217 NE 16th St
Homestead, FL 33033

7. Name and Address of New Registered Agent

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

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **JIMENEZ, SANTIAGO**
STREET ADDRESS **1441 NORTH WEST 19TH STREET #238**
CITY-ST-ZIP **MIAMI, FL 33125**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4217 NE 16th ST**
CITY-ST-ZIP **Homestead, FL 33033**

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

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

4/15/08 **786-371-1348**
Date Daytime Phone #