

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000044742

FILED
Jan 26, 2009
Secretary of State

Entity Name: CASTLE POOLS, LLC

Current Principal Place of Business:

11454 WANDERING PINES LANE
JACKSONVILLE, FL 32258

New Principal Place of Business:

Current Mailing Address:

11454 WANDERING PINES LANE
JACKSONVILLE, FL 32258

New Mailing Address:

FEI Number: 20-8938944

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASTLEMAN, ANDREW S
11454 WANDERING PINES LANE
JACKSONVILLE, FL 32258 US

Name and Address of New Registered Agent:

ALL FLORIDA FIRM, INC
813 DELTONA BLVD STE A
BOX 1384353
DELTONA, FL 32725 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: CHRISTINA CLARK FOR ALL FLORIDA FIRM, INC

01/26/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CASTLEMAN, ANDREW S
Address: 11454 WANDERING PINES LANE
City-St-Zip: JACKSONVILLE, FL 32258

Title: MGMM () Delete
Name: CASTLEMAN, KARI M
Address: 11454 WANDERING PINES LANE
City-St-Zip: JACKSONVILLE, FL 32258

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: CASTLEMAN, KARI M
Address: 11454 WANDERING PINES LANE
City-St-Zip: JACKSONVILLE, FL 32258

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: CHRISTINA CLARK FOR ANDREW CASTLEMAN

MGRM

01/26/2009

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