

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000055945

FILED  
Apr 23, 2008  
Secretary of State

Entity Name: POOLFIX LLC

**Current Principal Place of Business:**

2042 CARNES ST.  
ORANGE PARK, FL 32073

**New Principal Place of Business:**

**Current Mailing Address:**

2042 CARNES ST.  
ORANGE PARK, FL 32073

**New Mailing Address:**

FEI Number: 26-0240029

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SAUNDERS, ALEC R  
2042 CARNES ST.  
ORANGE PARK, FL 32073 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SAUNDERS, ALEC R  
Address: 4577 PRINCESS LABETH CT.  
City-St-Zip: JACKSONVILLE, FL 32258 US

Title: MGRM ( ) Delete  
Name: BEEDE, CLIFFORD L  
Address: 5159 PONDVIEW DR.  
City-St-Zip: JACKSONVILLE, FL 32258 US

Title: MGRM ( ) Delete  
Name: BEEDE, ROWLAND P  
Address: 8219 COOLEE COVE BRANCH RD  
City-St-Zip: ST. AUGUSTINE, FL 32092 US

**ADDITIONS/CHANGES:**

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

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

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

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: ALEC R. SAUNDERS

MGRM

04/23/2008

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