

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000055945

FILED
Jun 17, 2009
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 (X) 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: MGRF (X) Change () Addition
Name: BEEDE, ROWLAND P
Address: 8219 COOLEE COVE BRANCH RD
City-St-Zip: ST. AUGUSTINE, FL 32092 US

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

06/17/2009

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