

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 12, 2008 8:00 am
Secretary of State

05-02-2008 90020 031 ***138.75

DOCUMENT # L07000058023					
1. Entity Name STAR COAST POOLS LLC					
Principal Place of Business 2302 SW ABNER RD PORT SAINT LUCIE, FL 34953 US			Mailing Address 2302 SW ABNER RD PORT SAINT LUCIE, FL 34953 US		
2. Principal Place of Business - No P.O. Box # <i>2302 SW Abner Rd</i>			3. Mailing Address <i>2302 SW Abner Rd</i>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <i>Port ST. Lucie FL</i>		City & State <i>Port ST. Lucie FL</i>		4. FEI Number <i>32-0250751</i>	
Zip <i>34953</i>		Country <i>US</i>		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CROKE, JOHN F JR 2302 SW ABNER RD PORT SAINT LUCIE, FL 34953				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 _____ (NOTE: Registered Agent signature required when re-registering) 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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CROKE, JOHN F JR 2302 SW ABNER RD PORT SAINT LUCIE, FL 34953	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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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: <i>John F Croke</i>			Date: <i>4/30/08</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		

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