2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000059865

Current Principal Place of Business:

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

Entity Name: POOL SAFE & SERVICES, LLC

() Delete

FILED Apr 30, 2009 Secretary of State

New Principal Place of Business:

328 N. FLORIDA AVENUE 1370 HENSLEY DRIVE DELAND, FL 32720 DELAND, FL 32724 **Current Mailing Address: New Mailing Address:** 328 N. FLORIDA AVENUE 1370 HENSLEY DRIVE DELAND, FL 32720 DELAND, FL 32724 US FEI Number: 26-0306761 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SUCKELL, MARC SUCKELL, MARC 328 N. FLÓRIDA AVENUE 1370 HENSLEY DRIVE DELAND, FL 32720 DELAND, FL 32724 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: 04/30/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Delete (X) Change () Addition SUCKELL, MARC Name: SUCKELL, MARC Name: 328 N. FLORIDA AVENUE Address: 1370 HENSLEY DRIVE Address: City-St-Zip: DELAND, FL 32720 US City-St-Zip: DELAND, FL 32724 US Title: Title: MGR () Change (X) Addition () Delete Name: Name: SUCKELL, MARC Address: Address: 1370 HENSLEY DRIVE

Title: () Delete Title: MGR () Change (X) Addition Name: Name: SUCKELL, MARC Address: Address: 1370 HENSLEY DRIVE City-St-Zip:

City-St-Zip: DELAND, FL 32724

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

DELAND, FL 32724

SUCKELL, MARC

1370 HENSLEY DRIVE

DELAND, FL 32724

() Change (X) Addition

MGR

Title: () Delete Title: MGR () Change (X) Addition SUCKELL, MARC Name: Name:

1370 HENSLEY DRIVE Address: Address: City-St-Zip: City-St-Zip: DELAND, FL 32724

Title: () Delete Title: () Change (X) Addition

SUCKELL, MARC Name: Name: Address: Address: 1370 HENSLEY DRIVE DELAND, FL 32724 City-St-Zip: 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: MARC SUCKELL 04/30/2009