

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 29, 2008 8:00 am**  
**Secretary of State**

05-29-2008 90015 002 \*\*\*138.75

**DOCUMENT # L07000070492**

1. Entity Name  
**AQUA BELLA POOL SERVICE LLC**



Principal Place of Business  
**2662 W. VINA DEL MAR BLVD.  
ST. PETE BEACH, FL 33706**

Mailing Address  
**2662 W. VINA DEL MAR BLVD.  
ST. PETE BEACH, FL 33706**

**50006328**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04252008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

**77-0712322**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**CONNER, NATALIE A  
2662 W. VINA DEL MAR BLVD.  
ST. PETE BEACH, FL 33706**

## 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
CONNER, NATALIE A  
2662 W. VINA DEL MAR BLVD.  
ST. PETE BEACH, FL 33706**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4/30/08** **7275722939**

Date

Daytime Phone #