

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 15, 2008 8:00 am**  
**Secretary of State**

05-15-2008 90075 018 \*\*\*138.75

<b>DOCUMENT # L07000070768</b> 1. Entity Name <b>ELEGANT REFLECTIONS POOLS &amp; SPAS L.L.C.</b>					
Principal Place of Business <b>1604 YVONNE STREET APOPKA, FL 32712</b>			Mailing Address <b>973 WHITEWOOD DRIVE DELTONA, FL 32725</b>		
2. Principal Place of Business - No P.O. Box # <b>973 White wood Dr</b>		3. Mailing Address <b>973 White wood Dr.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Deltona F.I.</b>		City & State <b>Deltona, F.I.</b>		4. FEI Number <b>200673613</b>	
Zip <b>32725</b>		Country <b>U.S.A.</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>COLLADO, AUGUSTO 973 WHITEWOOD DRIVE DELTONA, FL 32725</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 <u>Augusto Collado</u> <u>Augusto Collado, President</u> <u>5/8/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Manager Augusto Collado 973 White wood Dr Deltona, F.I. 32725</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Manager Augusto Collado 973 White wood Dr. Deltona, F.I. 32725</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE: <u>Augusto Collado</u> <u>Augusto Collado</u></b>			<b><u>5/8/08</u></b>		<b><u>386-527-2858</u></b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small>		<small>Daytime Phone #</small>