

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000076873

**FILED**  
**Jun 17, 2009**  
**Secretary of State**

**Entity Name:** GROWS IN POOLS, LLC

**Current Principal Place of Business:**

1815 KAREN BLVD.  
SEBRING, FL 33870

**New Principal Place of Business:**

**Current Mailing Address:**

1815 KAREN BLVD.  
SEBRING, FL 33870

**New Mailing Address:**

**FEI Number:** 26-0588281      **FEI Number Applied For** ( )      **FEI Number Not Applicable** ( )      **Certificate of Status Desired** ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SILLS, GABRIELA MRS.  
1815 KAREN BLVD  
SEBRING, FL 33870      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:** MGR      ( ) Delete  
**Name:** SILLS, GABRIELA  
**Address:** 1815 KAREN BLVD  
**City-St-Zip:** SEBRING, FL 33870

**ADDITIONS/CHANGES:**

**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: GABRIELA R SILLS

MGR

06/17/2009

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