2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000078427

7985 SE PEPPERCORN CT

HOBE SOUND, FL 33455

Address:

City-St-Zip:

Entity Name: LOST ISLES POOL & SPA SERVICE, L.L.C.

FILED Mar 13, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	DALENA RD ACH GARDENS, FL 33410			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
	DALENA RD ACH GARDENS, FL 33410			
FEI Number:	: 26-0719098 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Current Registered Agent	: Name and Address o	f New Registered Agent:	
HOBE SOI The above	I, PAUL EPPERCORN CT. UND, FL 33455 US named entity submits this statement for the office of the following statement for the office of Florida.	the purpose of changing its registered	d office or registered agent, or both	
SIGNATUF	SE:			
0.0.0	Electronic Signature of Registered	Agent	Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () Delete KAUFMAN, PAUL 7985 SE PEPPERCORN CT HOBE SOUND, FL 33455	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete SPALDING, CHARLES 904 MAGDALENA RD PALM BEACH GARDENS, FL 33410	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete HERRON, JOANNE 904 MAGDALENA RD PALM BEACH GARDENS, FL 33410	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	MGRM () Delete	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: CHARLES K. SPALDING MGR 03/13/2009