

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000087215

1. Entity Name
DESIGNER POOL & SPA, L.L.C.



SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JUN 28 PM 2:44

Principal Place of Business
151 OCEANVIEW STREET
TAVERNIER, FL 33070

Mailing Address
P.O. BOX 548
ISLAMORADA, FL 33070 US



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

3. Mailing Address
P.O. Box 548

05122010 Chg-LLC CR2E083 (11/08)

City & State
Tavernier, FL

City & State
Islamorada, FL

4. FEI Number
26-0783987

Applied For
Not Applicable

Zip
33070

Country
US

Zip
33070

Country
US

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WEINBAUM, NATHAN
151 OCEANVIEW STREET
TAVERNIER, FL 33070

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of Now Registered Agent

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

Nathan Weinbaum
Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

6/22/10
DATE

FILE NOW!!! FEE IS \$138.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
NATESCAPES, INC.
P.O. BOX 548
ISLAMORADA, FL 33036 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
300182689783 ☐ Change ☐ Addition
06/28/10--01063--010 **138.75

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
POOL TECH ELITE, CORP.
9002 S.W. 40TH STREET
MIAMI, FL 33165 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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:

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

6/22/10

305 226 7510

Date

Daytime Phone #