

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000091859

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Entity Name:** TRANQUILITY CREATIONS POOL & SPA, LLC

**Current Principal Place of Business:**

5668 FISHHAWK CROSSING BLVD  
200  
LITHIA, FL 33547 US

**New Principal Place of Business:**

**Current Mailing Address:**

5668 FISHHAWK CROSSING BLVD  
200  
LITHIA, FL 33547 US

**New Mailing Address:**

**FEI Number:** 26-0865888      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

DEMAREST, MARK A OWNER  
15918 SORAWATER DR  
LITHIA, FL 33547 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  
Name: DEMAREST, MARK A  
Address: 15918 SORAWATER DR  
City-St-Zip: LITHIA, FL 33547 US

Title: MGRM  
Name: DEMAREST, MARK A  
Address: 15918 SORA WATER DRIVE  
City-St-Zip: LITHIA, FL 33547 US

I hereby 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: MARK DEMAREST

MM

02/16/2010

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