

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90236 048 ***138.75

DOCUMENT # L07000092123 1. Entity Name PARADISE POOL SERVICE OF ESTERO LLC																	
Principal Place of Business 21474 SHERIDAN RUN ESTERO, FL 33928			Mailing Address 21474 SHERIDAN RUN ESTERO, FL 33928														
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.															
City & State Zip Country		City & State Zip Country		4. FEI Number 56-2677466 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>													
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				03072008 Chg-LLC CR2E083 (12/06)													
6. Name and Address of Current Registered Agent JAMES, DENNIS 21474 SHERIDAN RUN ESTERO, FL 33928																	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>													
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">MGR</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>JAMES, DENNIS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>21474 SHERIDAN RUN</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ESTERO, FL 33928</td> <td></td> </tr> </table>						TITLE	MGR	<input type="checkbox"/> Delete	NAME	JAMES, DENNIS		STREET ADDRESS	21474 SHERIDAN RUN		CITY-ST-ZIP	ESTERO, FL 33928	
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NAME	JAMES, DENNIS																
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10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			Make check payable to Florida Department of State	
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NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
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: _____				Date: 3/9/08 Daytime Phone #: 239-390-8827													