

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000094778

**FILED**  
**Jun 18, 2008**  
**Secretary of State**

**Entity Name:** TROPICAL POOLWORKS, LLC

**Current Principal Place of Business:**

664 ATLANTIC ROAD  
NORTH PALM BEACH, FL 33408

**New Principal Place of Business:**

3311 N FLAGLER DR  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

664 ATLANTIC ROAD  
NORTH PALM BEACH, FL 33408

**New Mailing Address:**

3311 N FLAGLER DR  
WEST PALM BEACH, FL 33407

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **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:**

LEMANOWICZ, CRAIG  
664 ATLANTIC ROAD  
NORTH PALM BEACH, FL 33408    US

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

DAMES, WILLIAM  
3311 N FLAGLER DR  
WEST PALM BEACH, FL 33407    US

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: WILLIAM DAMES

06/18/2008

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:                      MR                      ( ) Change (X) Addition  
Name:                      DAMES, WILLIAM  
Address:                      3311 N FLAGLER DR  
City-St-Zip:                      WEST PALM BEACH, FL 33407

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: WILLIAM DAMES

MR

06/18/2008

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