

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000094812

**FILED**  
**Apr 01, 2008**  
**Secretary of State**

**Entity Name:** ALPHA POOL CLEANING LLC

**Current Principal Place of Business:**

205 RIVERBEND RD.  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 731025  
ORMOND BEACH, FL 32174 US

**New Mailing Address:**

**FEI Number:** 26-1092708

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HARGRAVE, NATHAN B  
325 GROOVER CREEK CROSSING  
ORMOND BEACH, FL 32174 US

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

HARGRAVE, NATHAN B  
205 RIVERBEND ROAD  
ORMOND BEACH, FL 32174 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: NATHAN HARGRAVE

04/01/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: MR.. ( ) Change (X) Addition  
Name: HARGRAVE, NATHAN B  
Address: 205 RIVERBEND ROAD  
City-St-Zip: ORMOND BEACH, FL 32174 US

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: NATHAN HARGRAVE

MR.

04/01/2008

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