

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000095660

FILED
Sep 28, 2009
Secretary of State

Entity Name: GOOD AS NEW POOL & COPING REPAIR LLC

Current Principal Place of Business:

7920 NALLE GRADE ROAD
NORTH FORT MYERS, FL 33917

New Principal Place of Business:

Current Mailing Address:

7920 NALLE GRADE ROAD
NORTH FORT MYERS, FL 33917

New Mailing Address:

FEI Number: 26-1100181 FEI Number Applied For () FEI Number Not Applicable () 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:

Name and Address of New Registered Agent:

REGNER, MARK A
7920 NALLE GRADE ROAD
NORTH FORT MYERS, FL 33917 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: MARK REGNER

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: REGNER, MARK A
Address: 7920 NALLEGRADE ROAD
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: MGRM () Delete
Name: REGNER, STACY L
Address: 7920 NALLE GRADE ROAD
City-St-Zip: NORTH FORT MYERS, FL 33917

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARK REGNER

MGRM

09/28/2009

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