

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000095660

**FILED**  
**Apr 27, 2011**  
**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 ( )**

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

REGNER, MARK A  
7920 NALLE GRADE ROAD  
NORTH FORT MYERS, FL 33917 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:** MGRM  
**Name:** REGNER, MARK A  
**Address:** 7920 NALLEGRADE ROAD  
**City-St-Zip:** NORTH FORT MYERS, FL 33917

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

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 REGNER

MGRM

04/27/2011

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