

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000105133

FILED
Mar 23, 2009
Secretary of State

Entity Name: REFLECTIVE IMAGE POOL SERVICE, LLC

Current Principal Place of Business:

815 SEA URCHIN CIRCLE
FORT MYERS, FL 33913

New Principal Place of Business:

Current Mailing Address:

815 SEA URCHIN CIRCLE
FORT MYERS, FL 33913

New Mailing Address:

FEI Number: 26-1243568

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAXTHEIMER, THOMAS
815 SEA URCHIN CIRCLE
FORT MYERS, FL 33913 US

Name and Address of New Registered Agent:

JAXTHEIMER, THOMAS L
815 SEA URCHIN CIRCLE
FORT MYERS, FL 33913 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: THOMAS JAXTHEIMER

03/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JAXTHEIMER, THOMAS
Address: 815 SEA URCHIN CIRCLE
City-St-Zip: FORT MYERS, FL 33913

Title: MGRM () Delete
Name: JAXTHEIMER, HEATHER
Address: 815 SEA URCHIN CIRCLE
City-St-Zip: FORT MYERS, FL 33913

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JAXTHEIMER, THOMAS L
Address: 815 SEA URCHIN CIRCLE
City-St-Zip: FORT MYERS, FL 33913

Title: MGRM (X) Change () Addition
Name: JAXTHEIMER, HEATHER A
Address: 815 SEA URCHIN CIRCLE
City-St-Zip: FORT MYERS, FL 33913

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: HEATHER JAXTHEIMER

MGRM

03/23/2009

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