

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000111629

FILED
Jun 05, 2008
Secretary of State

Entity Name: RESCUE POOL SERVICE, L.L.C.

Current Principal Place of Business:

8336 BRISTOL AVENUE
NORTH PORT, FL 34291

New Principal Place of Business:

Current Mailing Address:

8336 BRISTOL AVENUE
NORTH PORT, FL 34291

New Mailing Address:

FEI Number: 26-1218900 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

DEVANEY, ADAM W
8336 BRISTOL AVENUE
NORTH PORT, FL 34291 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DEVANEY, ADAM W
Address: 8336 BRISTOL AVENUE
City-St-Zip: NORTH PORT, FL 34291

Title: MGRM () Delete
Name: EVANCHO, EDWARD
Address: 2157 HAGERICK LANE
City-St-Zip: NORTH PORT, FL 34288

Title: MGRM (X) Delete
Name: GAROFALO, DAVID
Address: 4008 LONGWELL LANE
City-St-Zip: NORTH PORT, FL 34286

ADDITIONS/CHANGES:

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

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: ADAM DEVANEY

MGRM

06/05/2008

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