

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000004243

**FILED**  
**Apr 21, 2010**  
**Secretary of State**

**Entity Name:** SUNRISE POOLS OF JACKSONVILLE LLC

**Current Principal Place of Business:**

3913 PACKARD DRIVE  
JACKSONVILLE, FL 32246 US

**New Principal Place of Business:**

**Current Mailing Address:**

3913 PACKARD DRIVE  
JACKSONVILLE, FL 32246 US

**New Mailing Address:**

**FEI Number:** 26-1734493      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

REMEIKA, MICHAEL A  
3913 PACKARD DRIVE  
JACKSONVILLE, FL 32246 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: REMEIKA, MICHAEL A  
Address: 3913 PACKARD DRIVE  
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: MGRM  
Name: REMEIKA, KRISTEN N  
Address: 3913 PACKARD DRIVE  
City-St-Zip: JACKSONVILLE, FL 32246 US

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: KRISTEN N REMEIKA

MGRM

04/21/2010

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