

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000006826

**FILED**  
**May 11, 2011**  
**Secretary of State**

**Entity Name:** LEFT COAST POOL SERVICE, LLC

**Current Principal Place of Business:**

515 MICHAEL AVE  
LEHIGH ACRES, FL 33936

**New Principal Place of Business:**

**Current Mailing Address:**

515 MICHAEL AVE  
LEHIGH ACRES, FL 33936

**New Mailing Address:**

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

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

NARDUCCI, MICHAEL R  
515 MICHAEL AVE  
LEHIGH ACRES, FL 33936      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: MICHAEL NARDUCCI

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: NARDUCCI, MICHAEL R  
Address: 515 MICHAEL AVE  
City-St-Zip: LEHIGH ACRES, FL 33936

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: MICHAEL NARDUCCI

MGRM

05/11/2011

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