

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000015598

**Entity Name:** POOL LEAKS PLUS, LLC

**FILED**  
**Mar 20, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1825 NE 154 TERRACE  
NORTH MIAMI BEACH, FL 33162 US

**New Principal Place of Business:**

**Current Mailing Address:**

1825 NE 154 TERRACE  
NORTH MIAMI BEACH, FL 33162 US

**New Mailing Address:**

**FEI Number:** 74-3251269

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DOUVENTZIDIS, MICHAEL E  
1825 NE 154 TERRACE  
NORTH MIAMI BEACH, FL 33162 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: DOUVENTZIDIS, MICHAEL E  
Address: 1825 NE 154 TERRACE  
City-St-Zip: NORTH MIAMI BEACH, FL 33162 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: MICHAEL DOUVENTZIDIS

MGRM

03/20/2012

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