

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000031273

Entity Name: POOL MARKETING PH, LLC

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

18851 NE 29TH AVENUE, STE 900
AVENTURA, FL 33180

New Principal Place of Business:

201 S. BISCAYNE BLVD.
905
MIAMI, FL 33131

Current Mailing Address:

18851 NE 29TH AVENUE, STE 900
AVENTURA, FL 33180

New Mailing Address:

201 S. BISCAYNE BLVD.
905
MIAMI, FL 33131

FEI Number: 26-2302036 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

ROTH, LEONARDO A ESQ
18851 NE 29TH AVENUE, STE 900
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

ROTH, LEONARDO A ESQ
201 S. BISCAYNE BLVD.
SUITE 905
MIAMI, FL 33131 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: LEONARDO A ROTH

05/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HERNANDEZ, PEDRO R
Address: 18851 NE 29TH AVENUE, STE 900
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HERNANDEZ, PEDRO R
Address: 201 S. BISCAYNE BLVD. SUITE 905
City-St-Zip: MIAMI, FL 33131

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: HERNANDEZ PEDRO R.

MGR

05/01/2009

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