

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000043530

FILED
Apr 07, 2009
Secretary of State

Entity Name: SOUTHERN COMFORT POOL SERVICE OF NORTH PORT LLC

Current Principal Place of Business:

2540 STRAWBERRY TERRACE
NORTH PORT, FL 34286

New Principal Place of Business:

Current Mailing Address:

2540 STRAWBERRY TERRACE
NORTH PORT, FL 34286

New Mailing Address:

FEI Number: 65-1250551

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, KRISTINA
2540 STRAWBERRY TERRACE
NORTH PORT, FL 34286 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 () Delete
Name: BROWN, KRISTINA
Address: 2540 STRAWBERRY TERRACE
City-St-Zip: NORTH PORT, FL 34286

Title: MGRM () Delete
Name: BROWN, ROBERT E
Address: 2540 STRAWBERRY TERRACE
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:

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: KRISTINA BROWN

MGRM

04/07/2009

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