

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000064695

Entity Name: WHITE SANDS POOLS LLC

FILED  
May 01, 2009  
Secretary of State

## Current Principal Place of Business:

1900 ACACIA DR  
KISSIMMEE, FL 34758

## New Principal Place of Business:

## Current Mailing Address:

1900 ACACIA DR  
KISSIMMEE, FL 34758

## New Mailing Address:

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

BASANT, ROGER  
1900 ACACIA DR  
KISSIMMEE, FL 34758 US

## Name and Address of New Registered Agent:

BASANT, SUNITA  
1900 ACACIA DR  
KISSIMMEE, FL 34758 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: SUNITA BASANT

05/01/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: BASANT, ROGER  
Address: 1900 ACACIA DR  
City-St-Zip: KISSIMMEE, FL 34758

Title: MGR (X) Delete  
Name: BASANT, SUNITA  
Address: 1900 ACACIA DR  
City-St-Zip: KISSIMMEE, FL 34758

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: BASANT, SUNITA  
Address: 1900 ACACIA DR  
City-St-Zip: KISSIMMEE, FL 34758

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: SUNITA BASANT

MGR

05/01/2009

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