2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 24, 2009
Secretary of State

DOCUMENT# L08000071608

Entity Name: ABSOLUTE POOL CARE SERVICES BY DARREL WILSON LLC

Current Principal Place of Business:

876 CEDAR RUN COVE
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

876 CEDAR RUN COVE
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 26-3016382 **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:

WILSON, DARREL
876 CEDAR RUN COVE
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

WILSON, DARREL L
876 CEDAR RUN COVE
LONGWOOD, FL 32750 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: DARREL WILSON 06/24/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: WILSON, CHRISTINE
Address: 876 CEDAR RUN COVE
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: WILSON, CHRISTINE L
Address: 876 CEDAR RUN COVE
City-St-Zip: LONGWOOD, FL 32750

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: CHRISTINE WILSON MGR 06/24/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date