2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# L08000076170

Entity Name: AQUATIC POOL SUPPLIES, LLC

Current Principal Place of Business:

1026 N. HWY. US 1
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

1026 N. HWY. US 1
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 26-3142674 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROCKENBROUGH, SHARON M
883 W. GRANADA BLVD.
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

KNOX, KAREN S
15 SYCAMORE CIRCLE
ORMOND BEACH, FL 32174 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: KAREN KNOX 04/24/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: KNOX, JASON M
Address: 123 SECRETARY DR.
City-St-Zip: PALM COAST, FL 32164

Title: MGR ( ) Delete
Name: KNOX, MICHAEL W
Address: 15 SYCMORE CIR.
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGR ( ) Delete
Name: KNOX, KAREN S
Address: 15 SYCMORE CIR.
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: KAREN KNOX MGR 04/24/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date