

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000084694

**FILED**  
**Mar 02, 2009**  
**Secretary of State**

**Entity Name:** SUPER POOL SUPPLIES LLC

**Current Principal Place of Business:**

5337 MIKADO CT.  
CAPE CORAL, FL 33904 US

**New Principal Place of Business:**

**Current Mailing Address:**

5337 MIKADO CT.  
CAPE CORAL, FL 33904 US

**New Mailing Address:**

**FEI Number:** 30-0504162      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROWN, KEVIN  
5337 MIKADO CT.  
CAPE CORAL, FL 33904 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, KEVIN  
Address: 5337 MIKADO CT.  
City-St-Zip: CAPE CORAL, FL 33904 US

Title: MGRM ( ) Delete  
Name: BROWN, KAREN  
Address: 5337 MIKADO CT.  
City-St-Zip: CAPE CORAL, FL 33904 US

**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: KEVIN BROWN

MGRM

03/02/2009

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