

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000084748

FILED
Mar 20, 2009
Secretary of State**Entity Name:** ANGELS TOUCH POOL SERVICE LLC**Current Principal Place of Business:**6067 ROBIN ROAD
CRESTVIEW, FL 32539 US**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 1153
CRESTVIEW, FL 32536 US**New Mailing Address:****FEI Number:** 26-1426905**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**GARVIN, LINDA K
6067 ROBIN ROAD
CRESTVIEW, FL 32539 US**Name and Address of New Registered Agent:**WANLESS, CHARLES J
6067 ROBIN ROAD
CRESTVIEW, FL 32539 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: CHARLES J WANLESS

03/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** PRES () Delete
Name: WANLESS, CHARLES J
Address: 6067 ROBIN ROAD
City-St-Zip: CRESTVIEW, FL 32539 US**Title:** VP () Delete
Name: GARVIN, LACEE M
Address: 6067 ROBIN ROAD
City-St-Zip: CRESTVIEW, FL 32539 US**ADDITIONS/CHANGES:****Title:** MGRM (X) Change () Addition
Name: WANLESS, CHARLES J
Address: 6067 ROBIN ROAD
City-St-Zip: CRESTVIEW, FL 32539 US**Title:** MGRM (X) Change () Addition
Name: GARVIN, LACEE M
Address: 6067 ROBIN ROAD
City-St-Zip: CRESTVIEW, FL 32539 US

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: CHARLES J WANLESS

MGRM

03/20/2009

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