

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000096000

Entity Name: POOL IT TOGETHER, LLC

FILED
Jan 09, 2009
Secretary of State

Current Principal Place of Business:

5725 WAYSIDE DRIVE, STE. 1001
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

5725 WAYSIDE DRIVE, STE. 1001
SANFORD, FL 32771

New Mailing Address:

FEI Number: 26-3520102

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LOWMAN, WILLIAM R JR ESQ
SHUFFIELD, LOWMAN & WILSON P.A.
1000 LEGION PLACE, STE. 1700
ORLANDO, FL 32801 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: MGR () Delete
Name: EAVES, BRADLEY D
Address: 3494 OAK KNOLL POINT
City-St-Zip: LAKE MARY, FL 32746

Title: MGR () Delete
Name: EAVES, MEGAN J
Address: 3494 OAK KNOLL POINT
City-St-Zip: LAKE MARY, FL 32746

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: MEGAN J. EAVES

MGR

01/09/2009

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