

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000096000

**FILED**  
**Apr 07, 2011**  
**Secretary of State**

**Entity Name:** POOL IT TOGETHER, LLC

**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:** MEGAN EAVES

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** EAVES, BRADLEY D  
**Address:** 3494 OAK KNOLL POINT  
**City-St-Zip:** LAKE MARY, FL 32746

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

I hereby 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 EAVES

MGR

04/07/2011

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