

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000100397

Entity Name: POOL CAGE PLUS LLC

FILED
Oct 08, 2009
Secretary of State

Current Principal Place of Business:

5220 ARITON ROAD
NORTH PORT, FL 34288 US

New Principal Place of Business:

Current Mailing Address:

5220 ARITON ROAD
NORTH PORT, FL 34288 US

New Mailing Address:

FEI Number: 30-0511876 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WHALEN, PAMELA
5220 ARITON ROAD
NORTH PORT, FL 34288 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: PAMELA J. WHALEN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WHALEN, PAMELA
Address: 5220 ARITON ROAD
City-St-Zip: NORTH PORT, FL 34288 US

ADDITIONS/CHANGES:

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: PAMELA J. WHALEN

MGRM

10/08/2009

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