

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000106073

**FILED**  
**Mar 04, 2011**  
**Secretary of State**

**Entity Name:** POOL RESCUE SERVICES LLC

**Current Principal Place of Business:**

5608 KUMQUAT AVE.  
NORTH PORT, FL 34291

**New Principal Place of Business:**

**Current Mailing Address:**

5608 KUMQUAT AVE.  
NORTH PORT, FL 34291

**New Mailing Address:**

**FEI Number:** 26-3717926

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PRATT, WILLIAM J  
5608 KUMQUAT AVE.  
NORTH PORT, FL 34291 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  
**Name:** PRATT, WILLIAM J  
**Address:** 5608 KUMQUAT AVE.  
**City-St-Zip:** NORTH PORT, FL 34291

**Title:** MGRM  
**Name:** PRATT, TRISHA L  
**Address:** 5608 KUMQUAT AVE.  
**City-St-Zip:** NORTH PORT, FL 34291

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:** WILLIAM PRATT

MGRM

03/04/2011

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