

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000108209

FILED
Dec 16, 2009
Secretary of State**Entity Name:** COSTA POOL & SPA LLC**Current Principal Place of Business:**532 NE 25 STREET
WILTON MANORS, FL 33305**New Principal Place of Business:****Current Mailing Address:**532 NE 25 STREET
WILTON MANORS, FL 33305**New Mailing Address:****FEI Number:** 26-3819732 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**COSTA, CAROL MS.
532 NE 25 STREET
WILTON MANORS, FL 33305 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: COSTA, CAROL
Address: 532 NE 25 STREET
City-St-Zip: WILTON MANORS, FL 33305**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:****Title:** MGR (X) Change () Addition
Name: COSTA, CAROL
Address: 532 NE 25 STREET
City-St-Zip: WILTON MANORS, FL 33305**Title:** MGR () Change (X) Addition
Name: COSTA, RICHARD MR.
Address: 532 NE 25TH STREET
City-St-Zip: WILTON MANORS, FL 33305

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: RICHARD COSTA

MGR

12/16/2009

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