

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000020310

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** COASTAL POOL CARE SERVICE L.L.C.

**Current Principal Place of Business:**

312 WINDWARD ISLAND  
CLEARWATER, FL 33767

**New Principal Place of Business:**

**Current Mailing Address:**

312 WINDWARD ISLAND  
CLEARWATER, FL 33767

**New Mailing Address:**

**FEI Number:** 27-4401887

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ZIMMERMANN, GUNDER  
312 WINDWARD ISLAND  
CLEARWATER, FL 33767 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  
Name: ZIMMERMANN, GUNDER  
Address: 312 WINDWARD ISLAND  
City-St-Zip: CLEARWATER, FL 33767

Title: MGRM  
Name: ZIMMERMANN, ULLRICH  
Address: 420 HAMDEN DRIVE  
City-St-Zip: CLEARWATER, FL 33767

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: GUNDER ZIMMERMANN

MGR

04/30/2012

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