

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000058856

FILED
Feb 02, 2010
Secretary of State

Entity Name: FLORIDA TROPICAL POOLS & SPAS LLC

Current Principal Place of Business:

10559 SW 45TH AVE
OCALA, FL 34476

New Principal Place of Business:

Current Mailing Address:

10559 SW 45TH AVE
OCALA, FL 34476

New Mailing Address:

FEI Number: 20-5990962

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAROCHE, CHAD C
10559 SW 45TH AVE
OCALA, FL 34476 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: LAROCHE, CHAD C
Address: 10559 SW 45TH AVE
City-St-Zip: OCALA, FL 34476

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: CHAD LAROCHE

MGR

02/02/2010

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