

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000079842

FILED
Jan 08, 2010
Secretary of State

Entity Name: BLUE COVE POOL CARE LLC

Current Principal Place of Business:

343 SOUTH CREEK DR
OSPNEY, FL 34229

New Principal Place of Business:

Current Mailing Address:

343 SOUTH CREEK DR
OSPNEY, FL 34229

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEDEN, JON
343 SOUTH CREEK DR
OSPNEY, FL 34229 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: HEDEN, JON
Address: 343 SOUTH CREEK DR
City-St-Zip: OSPNEY, FL 34229

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: JON HEDEN

MGRM

01/08/2010

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