

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000089189

FILED
Feb 21, 2011
Secretary of State

Entity Name: FIVE ACES POOL & SPA, LLC

Current Principal Place of Business:

813 HENRY ST.
LEHIGH ACRES, FL 33972

New Principal Place of Business:

813 HENRY ST.
LEHIGH ACRES, FL 33972 UN

Current Mailing Address:

PO BOX 1390
LEHIGH ACRES, FL 33970

New Mailing Address:

PO BOX 1390
LEHIGH ACRES, FL 33970 UN

FEI Number: 27-0948635

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINEZ, ROSA
813 HENRY ST.
LEHIGH ACRES, FL 33972 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: MARTINEZ, ROSA
Address: 813 HENRY ST.
City-St-Zip: LEHIGH ACRES, FL 33972 UN

Title: MGR
Name: MARTINEZ, LAZARO
Address: PO BOX 1390
City-St-Zip: LEHIGH ACRES, FL 33970 UN

Title: MGR
Name: GONZALEZ, IVAN
Address: PO BOX 1390
City-St-Zip: LEHIGH ACRES, FL 33970 UN

Title: MGR
Name: MATINEZ, LAZARO
Address: PO BOX 1390
City-St-Zip: LEHIGH ACRES, FL 33970 UN

Title: MGR
Name: MATINEZ, LAZARO
Address: PO BOX 1390
City-St-Zip: LEHIGH ACRES, FL 33970 UN

Title: MGR
Name: MATINEZ, LAZARO
Address: PO BOX 1390
City-St-Zip: LEHIGH ACRES, FL 33970 UN

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: ROSA MARTINEZ

MGR

02/21/2011

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