

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000089189

FILED  
Mar 29, 2012  
Secretary of State

**Entity Name:** FIVE ACES POOL & SPA, LLC

**Current Principal Place of Business:**

813 HENRY ST.  
LEHIGH ACRES, FL 33972 UN

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1390  
LEHIGH ACRES, FL 33970 UN

**New Mailing Address:**

**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:** LAZARO MARTINEZ

MGR

03/29/2012

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