

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000100996

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** RINGLING POOL AND SPA SERVICES LLC

**Current Principal Place of Business:**

3008 AVE C  
HOLMES BEACH, FL 34217

**New Principal Place of Business:**

5031 AVE S  
GULFPORT, FL 33707

**Current Mailing Address:**

3008 AVE C  
HOLMES BEACH, FL 34217

**New Mailing Address:**

409 TIMBERLANE  
OXFORD, MS 38655

**FEI Number:** 27-0795182

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHEPARD, JENNIFER  
3008 AVE C  
HOLMES BEACH, FL 34217 US

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

SHEPARD, JENNIFER  
5031 ACE C  
GULFPORT, FL 33707 US

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: JENNIFER SHEPARD

04/29/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SHEPARD, JENNIFER  
Address: NO 5031 AVE S  
City-St-Zip: GULFPORT, FL 33707

Title: MGRM  
Name: SHEPARD, BARBARA  
Address: 409 TIMBERLANE  
City-St-Zip: OXFORD, MS 68685

Title: MGRM  
Name: SHEPARD, NOLAN  
Address: 409 TIMBERLANE  
City-St-Zip: OXFORD, MS 68685

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: BARBARA SHEPARD

MGR

04/29/2010

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