

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000016696

**FILED**  
**May 01, 2011**  
**Secretary of State**

**Entity Name:** CLEAR IMAGE POOL CARE, LLC

**Current Principal Place of Business:**

109 HEATHERBROOKE CIRCLE  
OVIEDO, FL 32765 SE

**New Principal Place of Business:**

809 ARDENLEIGH DR  
ORLANDO, FL 32828 OR

**Current Mailing Address:**

P.O. BOX 622168  
OVIEDO, FL 32762 SE

**New Mailing Address:**

**FEI Number:** 30-0604668

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RIVERA, RICHARD R  
109 HEATHERBROOKE CIRCLE  
OVIEDO, FL 32765 US

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

RIVERA, RICHARD R  
809 ARDENLEIGH DR  
ORLANDO, FL 32828 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: RICHARD R RIVERA

05/01/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: VALENTIN, CYNTHIA  
Address: 809 ARDENLEIGH DR  
City-St-Zip: ORLANDO, FL 32828 OR

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: CYNTHIA VALENTIN

MGR

05/01/2011

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