

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000031985

**FILED**  
**Feb 15, 2012**  
**Secretary of State**

**Entity Name:** ANCIENT CITY POOL SERVICES LLC

**Current Principal Place of Business:**

1008 OAK ARBOR CIRCLE  
ST AUGUSTINE, FL 32084

**New Principal Place of Business:**

1008 OAK ARBOR CIRCLE  
ST AUGUSTINE, FL 32084 US

**Current Mailing Address:**

1008 OAK ARBOR CIRCLE  
ST AUGUSTINE, FL 32084

**New Mailing Address:**

186 HERONS NEST LANE  
ST AUGUSTINE, FL 32084 UN

**FEI Number:** 27-2177045

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOYER, ADAM R  
1008 OAK ARBOR  
ST AUGUSTINE, FL 32084 US

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

MOYER, ADAM R  
186 HERONS NEST LANE  
ST AUGUSTINE, FL 32084 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:

02/15/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MOYER, ADAM R  
Address: 186 HERONS NEST LANE  
City-St-Zip: ST. AUGUSTINE, FL 32084 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: AARON R. MOYER

MGR

02/15/2012

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