

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000059692

FILED
Sep 27, 2012
Secretary of State

Entity Name: SAPPHIRE POOLS OF CENTRAL FLORIDA LLC

Current Principal Place of Business:

13900 COUNTY ROAD 455
SUITE 107 #126
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

13900 COUNTY ROAD 455
SUITE 107 #126
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 27-2779275

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KILFOYLE, JEFFREY M
13900 COUNTY RD 455
107-126
CLERMONT, FL 34711 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: KILFOYLE, ASHLEY
Address: 13900 COUNTY ROAD 455, STE. 107 #126
City-St-Zip: CLERMONT, FL 34711

Title: MGR
Name: KILFOYLE, JEFFREY
Address: 13900 COUNTY ROAD 455, STE. 107 #126
City-St-Zip: CLERMONT, FL 34711

Title: S
Name: KILFOYLE, ASHLEY
Address: 13900 COUNTY ROAD 455, STE. 107 #126
City-St-Zip: CLERMONT, FL 34711

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: JEFFREY KILFOYLE

MGR

09/27/2012

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