

W10000068167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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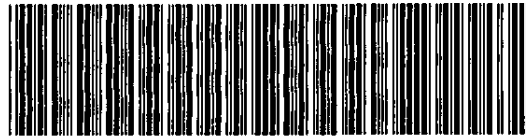
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SEP 28 2011

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ABSOLUTE POOL SUPPLIES, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mark S. Scott

Name of Person

Mark S. Scott, P.L.

Firm/Company

610 Valencia Ave, #303

Address

Coral Gables, FL 33134

City/State and Zip Code

msscottlaw@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark S. Scott

Name of Person

at ( 786 )

556 6796

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 SEP 26 PM 2:45

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: ABSOLUTE POOL SUPPLIES, LLC

2. (a) Principal office address of limited liability company: 103 Black Olive Crecent

**(Note: MUST BE STREET ADDRESS)**

Royal Palm Beach, FL 33414

(b) Mailing address of limited liability company: 103 Black Olive Crecent

**(Note: MAY BE POST OFFICE BOX)**

Royal Palm Beach, FL 33414

08/01/2010  
3. Date of filing/registration in Florida

L10000068167  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Marvin H. Roth

Registered Office Address: 103 Black Olive Crecent  
Royal Palm Beach, FL 33414

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

Mark S. Scott

NEW Registered Office Address:

**(MUST BE FLORIDA STREET ADDRESS)**

610 Valencia Ave  
#303  
Coral Gables

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Marvin H. Roth  
Signature of a member or authorized representative of a member

Marvin H. Roth  
Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Marvin H. Roth  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00