

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000085961

FILED
Apr 19, 2011
Secretary of State

Entity Name: FOSTERS FACTORY OUTLET POOLS AND SPAS, LLC

Current Principal Place of Business:

802 E. FLETCHER AVE.
TAMPA, FL 33612 US

New Principal Place of Business:

802 E. FLETCHER AVE.
33612
TAMPA, FL 33612 US

Current Mailing Address:

802 E. FLETCHER AVE.
TAMPA, FL 33612 US

New Mailing Address:

802 E. FLETCHER AVE.
33612
TAMPA, FL 33612 US

FEI Number: 27-3258429

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FOSTER, DANIEL
24402 SUMMER WIND COURT
LUTZ, FL 33559 US

Name and Address of New Registered Agent:

FOSTER, DANIEL P
802 EAST FLETCHER AVE
TAMPA, FL 33612 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: DANIEL FOSTER

04/19/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: FOSTER, DANIEL
Address: 802 EAST FLETCHER AVE.
City-St-Zip: TAMPA, FL 33612 US

Title: MGR.
Name: FOSTER, GINA
Address: 802 EAST FLETCHER AVE
City-St-Zip: TAMPA, FL 33612 US

Title: MGR.
Name: FOSTER, GINA C
Address: 802 EAST FLETCHER AVE.
City-St-Zip: TAMPA, FL 33612 US

Title: MGRM
Name: FOSTER, DANIEL P
Address: 802 EAST FLETCHER AVE.
City-St-Zip: TAMPA, FL 33612 US

Title: MGR.
Name: FOSTER, GINA C
Address: 802 EAST FLETCHER AVE
City-St-Zip: US, FL 33612 US

Title: MGR.
Name: FOSTER, GINA C
Address: 802 EAST FLETCHER AVE
City-St-Zip: TAMPA, FL 33612 US

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: GINA FOSTER

MGR.

04/19/2011

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