

**2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000097345

Entity Name: CGI AQUATIC CARE LLC

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4485 CAROLYN COVE LN. N.  
JACKSONVILLE, FL 32258 DV

**New Principal Place of Business:**

**Current Mailing Address:**

4485 CAROLYN COVE LN. N.  
JACKSONVILLE, FL 32258 DV

**New Mailing Address:**

FEI Number: 30-0646093      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

RICHERDSON, HENRY R  
4485 CAROLYN COVE LN. N.  
JACKSONVILLE, FL 32258 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: MGRM  
Name: RICHERDSON, HENRY R  
Address: 4485 CAROLYN COVE LN. N.  
City-St-Zip: JACKSONVILLE, FL 32258

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: HENRY R RICHERDSON      MGRM      04/12/2011

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