

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000121807

FILED  
Apr 27, 2011  
Secretary of State

**Entity Name:** PERFECT BALANCE POOL CARE, LLC

**Current Principal Place of Business:**

9111 71ST AVENUE EAST  
PALMETTO, FL 34221

**New Principal Place of Business:**

**Current Mailing Address:**

9111 71ST AVENUE EAST  
PALMETTO, FL 34221

**New Mailing Address:**

FEI Number: 27-4033874

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SPORN, CHRISTOPHER J  
9111 71ST AVENUE EAST  
PALMETTO, FL 34221 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: SPORN, CHRISTOPHER J  
Address: 9111 71ST AVENUE EAST  
City-St-Zip: PALMETTO, FL 34221

Title: MGRM  
Name: SPORN, MICHELLE T  
Address: 9111 71ST AVENUE EAST  
City-St-Zip: PALMETTO, FL 34221

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: CHRISTOPHER J. SPORN

MGRM

04/27/2011

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