

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000028088

Entity Name: TCB POOL SERVICE LLC

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

187 CHELSEA CT NW  
PT CHARLOTTE, FL 33952

**New Principal Place of Business:**

187 CHELSEA CT NW  
PT CHARLOTTE, FL 33952 US

**Current Mailing Address:**

P.O. BOX 494343  
PT CHARLOTTE, FL 339494343

**New Mailing Address:**

FEI Number: 27-5201841      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DOD, ANDREA N  
187 CHELSEA CT NW  
PT CHARLOTTE, FL 33952 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: DOD, GAVIN J  
Address: 187 CHELSEA CT NW  
City-St-Zip: PT CHARLOTTE, FL 33952 US

Title: MGRM  
Name: DOD, ANDREA N  
Address: 187 CHELSEA CT NW  
City-St-Zip: PT CHARLOTTE, FL 33952 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: GAVIN J DOD

MGRM

04/30/2012

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