# L11000142097

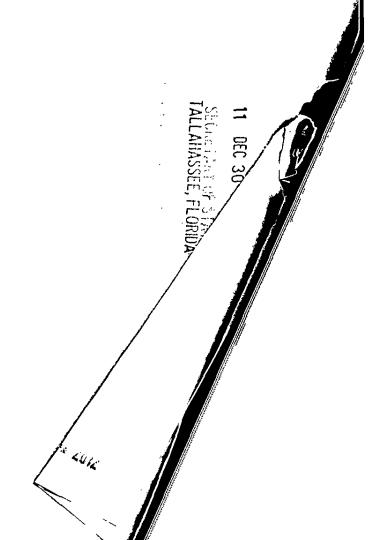
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



600215632956

12/30/11--01012--009 \*\*25.00



#### **COVER LETTER**

Division of Corporations				
SUBJECT: Blue COLLAR POOL SERVIC LLC				
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Articles of Correction and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
GREGORY G. CUTSURIES				
Blue COLLAR POOL SERVICE LLC.				
3903 LAKE St GEORGE DM. Address				
PAIM HARBON FL 34684 City/State and Zip Code				
GCU+SURIES (D) VAhoo, COM E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
GREG CUTSURIES at 727 204-3301 Area Code & Daytime Telephone Number				
Name of Person 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 Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:				
\$25 Filing Fee Certificate of Status S55 Filing Fee Certified Copy Certified Copy Certified Copy				

CR2E062 (08/05)

# ARTICLES OF CORRECTION

**FOR** 

FILED

## FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

11 DEC 30 PM 1:50

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida in Florida.

FIRST	The name of the limited liability company is:  BIVE COLLAR POOL SERVICE LLC	_
SECO	ND: The articles of organization or the application to transact business	
<u>(C)</u>	IECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT	
$\boxtimes$	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:	_
	MANAGER MEMBER DETAIL	_
IANAGER!	MANAGER MEMBER DETAIL  GREG CUTSURIES MEMBER MANAGE  3903 LAKE ST GRORGE DR.  PAIM HARBOR FL 34684  AS  OR  UFORMALION NOT SUBMITTED IN ERROR	ZR.
·	3903 LAKE ST GEORGE DR. PAM	CutsuriES
	PAIN HARBOR FL 34684 SAME	MADDLESS
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:	Mille II (E)
		•
		•
		•
Dated:	12-27-11  Cregery Cutouries  Signature of a member or authorized representative of a member	
	GREGORY CUTSURIES	
	Typed/or printed name of signee	

Filing Fee:

\$25.00

Certified Copy:

\$30.00 (optional)

# Electronic Articles of Organization For Florida Limited Liability Company

L11000142097 FILED 8:00 AM December 19, 2011 Sec. Of State ncausseaux

### Article I

The name of the Limited Liability Company is:
BLUE COLLAR POOL SERVICE LLC

#### Article II

The street address of the principal office of the Limited Liability Company is:

3903 LAKE ST. GEORGE DRIVE PALM HARBOR, FL. 34684

The mailing address of the Limited Liability Company is:

3903 LAKE ST. GEORGE DRIVE PALM HARBOR, FL. 34684

#### Article III

The purpose for which this Limited Liability Company is organized is: ANY AND ALL LAWFUL BUSINESS.

#### Article IV

The name and Florida street address of the registered agent is:

PATRICIA WOODALL 1151 MCLEAN STREET DUNEDIN, FL. 34698

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: PATRICIA WOODALL

#### Article V

The effective date for this Limited Liability Company shall be:

12/19/2011

Signature of member or an authorized representative of a member

Electronic Signature: PAMELA CUTSURIES

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.