

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000022301

FILED
Feb 20, 2015
Secretary of State
CC8195162145

Entity Name: WELLER POOLS LLC

Current Principal Place of Business:

1821 S. ORANGE BLOSSOM TRAIL
APOPKA, FL 32703

Current Mailing Address:

1821 S. ORANGE BLOSSOM TRAIL
APOPKA, FL 32703

FEI Number: 20-1749040

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VON WELLER III, H. J.
1821 S. ORANGE BLOSSOM TRAIL
APOPKA, FL 32703 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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGRM
Name WELLER POOLS USA, INC.
Address 1821 S ORANGE BLOSSOM TRAIL
City-State-Zip: APOPKA FL 32703

Title CHRM
Name VON WELLER III, H. J.
Address 1821 S. ORANGE BLOSSOM TRAIL
City-State-Zip: APOPKA FL 32703

Title CEO
Name RUDASILL, CHRISTOPHER R
Address 1821 S. ORANGE BLOSSOM TRAIL
City-State-Zip: APOPKA FL 32703

Title CFO
Name BOWER, ROBERT
Address 1821 S. ORANGE BLOSSOM TRAIL
City-State-Zip: APOPKA FL 32703

Title PRESIDENT
Name TUHELA, JOHN
Address 1821 S. ORANGE BLOSSOM TRAIL
City-State-Zip: APOPKA FL 32703

Title VP
Name OREN, JACK D
Address 1821 S. ORANGE BLOSSOM TRAIL
City-State-Zip: APOPKA FL 32703

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT BOWER

CFO

02/20/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date