

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000022301

**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:** Yes

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

BOWER, ROBERT  
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:** ROBERT BOWER

02/21/2017

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

Title VP  
Name MCLEMORE, SHANE  
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

02/21/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date