

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000037740

Entity Name: WELLER POOLS INTERNATIONAL, 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:** 20-1148907**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VON WELLER, HAROLD JIII
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 LLC
Address 1821 S ORANGE BLOSSOM TRAIL
City-State-Zip: APOPKA FL 32703

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

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

Title VP
Name OREN, JACK DMR
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