

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000093051

**Entity Name:** PARAGON POOL REPAIRS, LLC

**Current Principal Place of Business:**

1562 KENNESAW DRIVE  
CLERMONT, FL 34711

**Current Mailing Address:**

1562 KENNESAW DRIVE  
CLERMONT, FL 34711

**FEI Number:** 26-1102436

**Certificate of Status Desired:** No

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

GOODFELLOW, YVONNE  
1562 KENNESAW DRIVE  
CLERMONT, FL 34711 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 GOODFELLOW, CHRISTOPHER  
Address 1562 KENNESAW DRIVE  
City-State-Zip: CLERMONT FL 34711

Title MGRM  
Name GOODFELLOW, YVONNE  
Address 1562 KENNESAW DRIVE  
City-State-Zip: CLERMONT FL 34711

Title MGRM  
Name KEARNS, DEREK  
Address 1562 KENNESAW DRIVE  
City-State-Zip: CLERMONT FL 34711

Title MGRM  
Name KEARNS, ANN-MARIE  
Address 1562 KENNESAW DRIVE  
City-State-Zip: CLERMONT FL 34711

*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:** YVONNE GOODFELLOW

**MGRM**

**03/24/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date