

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000116510

**Entity Name:** CONCEPT POOLS, LLC

**Current Principal Place of Business:**

1409 RED PINE TRAIL  
WELLINGTON, FL 33414

**Current Mailing Address:**

1409 RED PINE TRAIL  
WELLINGTON, FL 33414 US

**FEI Number:** 26-1815902

**Certificate of Status Desired:** No

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

UNITED STATES CORPORATION AGENTS, INC.  
320 S. FLAMINGO ROAD  
#347  
PEMBROKE PINES, FL 33027 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 CASSONE, SR., SCOTT N.  
Address 1409 RED PINE TRAIL  
City-State-Zip: WELLINGTON FL 33414

Title MGRM  
Name CASSONE, TRACEY L  
Address 1409 RED PINE TRAIL  
City-State-Zip: WELLINGTON FL 33414

*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:** CASSONE, TRACEY L

MGRM

01/14/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date