

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000021604

**Entity Name:** SAWGRASS POOLS OF CENTRAL FLORIDA, LLC

**Current Principal Place of Business:**

3270 SE 58 AVE. #3  
OCALA, FL 34480

**Current Mailing Address:**

3270 SE 58 AVE #3  
OCALA, FL 34480 US

**FEI Number:** 26-2228893

**Certificate of Status Desired:** No

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

ALBERT J. VIDAL, PA  
421 S. PINE AVENUE  
OCALA, FL 34471 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 MGR  
Name DARLEY, MICHAEL R  
Address 3270 SE 58 AVE #3  
City-State-Zip: Ocala FL 34480

*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:** MICHAEL R DARLEY

MGR

03/27/2015

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

\_\_\_\_\_ Date