

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000065538

**Entity Name:** TROPICAL POOLS MAINTENANCE & SERVICE LLC

**Current Principal Place of Business:**

7133 GASPARILLA RD.  
PORT CHARLOTTE, FL 33981

**Current Mailing Address:**

7133 GASPARILLA RD.  
PORT CHARLOTTE, FL 33981 US

**FEI Number:** 26-3128547

**Certificate of Status Desired:** No

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

CONN, BRUCE P  
114 REEF PLACE  
ROTONDA WEST, FL 33947 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 CONN, BRUCE P  
Address 7133 GASPARILLA RD.  
City-State-Zip: PORT CHARLOTTE FL 33981

*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:** BRUCE P CONN

MGRM

01/24/2016

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

\_\_\_\_\_ Date