

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000091173

**Entity Name:** POOL CARE PROFESSIONALS LLC

**Current Principal Place of Business:**

12927 OAKWOOD DR  
HUDSON, FL 34669

**Current Mailing Address:**

12927 OAKWOOD DR  
HUDSON, FL 34669

**FEI Number: 26-3493017**

**Certificate of Status Desired: No**

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

POLICASTRI, GARY M  
12927 OAKWOOD DR  
HUDSON, FL 34669 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 POLICASTRI, GARY M  
Address 12927 OAKWOOD DR  
City-State-Zip: HUDSON FL 34669

*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: GARY POLICASTRI**

**MGR**

**03/12/2018**

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

\_\_\_\_\_  
Date