

2014 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

02/11/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date