

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000096354

Entity Name: AQUATIC POOL SYSTEMS, L.L.C.**Current Principal Place of Business:**3262 DELOR AVE.
NORTH PORT, FL 34286**Current Mailing Address:**3262 DELOR AVE.
NORTH PORT, FL 34286**FEI Number:** 27-1067775**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TARRICONE, RICHARD N
3262 DELOR AVE.
NORTH PORT, FL 34286 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	PRESIDENT
Name	TARRICONE, RICHARD N
Address	3262 DELOR AVE.
City-State-Zip:	NORTH PORT FL 34286

Title	MGR
Name	TARRICONE, STACEY A
Address	3262 DELOR AVE.
City-State-Zip:	NORTH PORT FL 34286

Title	MANAGER
Name	TARRICONE, TIMOTHY N
Address	3262 DELOR AVE.
City-State-Zip:	NORTH PORT FL 34286

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: RICHARD TARRICONE

PRESIDENT

03/08/2019

Electronic Signature of Signing Authorized Person(s) Detail_____
Date