

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000120724

Entity Name: WATERSCAPES POOLS & SPAS, LLC**Current Principal Place of Business:**5800 LAKEWOOD RANCH BLVD.
SARASOTA, FL 34240**Current Mailing Address:**5800 LAKEWOOD RANCH BLVD.
SARASOTA, FL 34240 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCHIER, JAMES R
5800 LAKEWOOD RANCH BLVD.
SARASOTA, FL 34240 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	P
Name	STOREY, MICHAEL
Address	5800 LAKEWOOD RANCH BLVD.
City-State-Zip:	SARASOTA FL 34240

Title	VP
Name	COLLIER, JOHN
Address	5800 LAKEWOOD RANCH BLVD.
City-State-Zip:	SARASOTA FL 34240

Title	VP
Name	SCHIER, JAMES R
Address	8210 LAKEWOOD RANCH BLVD
City-State-Zip:	BRADENTON FL 34202

Title	S
Name	HEIM, PRISCILLA G
Address	5800 LAKEWOOD RANCH BLVD.
City-State-Zip:	SARASOTA FL 34240

Title	MGR
Name	NCDG MANAGEMENT, LLC
Address	5800 LAKEWOOD RANCH BLVD.
City-State-Zip:	SARASOTA FL 34240

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: JAMES SCHIER**MANAGER****04/23/2021**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date