

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000022910

**Entity Name:** POOL CARE SPECIALISTS OF CENTRAL FLORIDA, LLC

**Current Principal Place of Business:**

5612 CARDER ROAD STE 2C  
ORLANDO, FL 32810

**Current Mailing Address:**

5612 CARDER ROAD STE 2C  
ORLANDO, FL 32810 US

**FEI Number:** 27-2105205

**Certificate of Status Desired:** No

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

SISKRON, MICHAEL ESR.  
5612 CARDER ROAD STE 2C  
ORLANDO, FL 32810 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 SISKRON, MICHAEL ESR.  
Address 5612 CARDER ROAD STE 2C  
City-State-Zip: ORLANDO FL 32810

Title MGRM  
Name STIENSTRA, RODNEY D  
Address 5612 CARDER ROAD STE 2C  
City-State-Zip: ORLANDO FL 32810

*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:** MICHAEL E SISKRON SR

**VICE PRESIDENT**

**02/26/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date