

2016 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: Yes

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 SISKRON

VICE PRESIDENT

01/30/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date