

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000022910

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

**Current Principal Place of Business:**

2649 MERCY DRIVE  
ORLANDO, FL 32808

**Current Mailing Address:**

2649 MERCY DRIVE  
ORLANDO, FL 32808

**FEI Number:** 27-2105205

**Certificate of Status Desired:** No

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

SISKRON, MICHAEL ESR.  
2649 MERCY DRIVE  
ORLANDO, FL 32808 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	Title	MGRM
Name	SISKRON, MICHAEL ESR.	Name	STIENSTRA, RODNEY D
Address	2649 MERCY DRIVE	Address	2649 MERCY DRIVE
City-State-Zip:	ORLANDO FL 32808	City-State-Zip:	ORLANDO FL 32808

*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

03/06/2014

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date