## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000036686

Entity Name: POOL CARE PLUS, LLC

**Current Principal Place of Business:** 

58 EAST RATTLESNAKE TRAIL INLET BEACH, FL 32461

**Current Mailing Address:** 

P.O. BOX 611112

ROSEMARY BEACH, FL 32461

FEI Number: 27-2280359 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ELLIS, EMILY FRANCES 58 EAST RATTLESNAKE TRAIL INLET BEACH, FL 32461 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: EMILY ELLIS 02/12/2024

Electronic Signature of Registered Agent

Date

FILED Feb 12, 2024

**Secretary of State** 

3059856543CC

Authorized Person(s) Detail:

Title MGRM Title MGRM

Name FORMAN, CHRISTOPHER Name ELLIS, EMILY F

Address P.O. BOX 611112 Address P.O. BOX 611112

City-State-Zip: ROSEMARY BEACH FL 32461 City-State-Zip: ROSEMARY BEACH FL 32461

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: EMILY ELLIS MANAGER 02/12/2024