

**2014 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 32413

**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:**

BRAD CONGLETON CPA, INC.  
50 UPTOWN GRAYTON CIRCLE  
#15  
SANTA ROSA BEACH FL 32459 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 FORMAN, CHRISTOPHER  
Address P.O. BOX 611112  
City-State-Zip: ROSEMARY BEACH FL 32461

Title MGRM  
Name ELLIS, EMILY F  
Address P.O. BOX 611112  
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:** CHRISTOPHER FORMAN

**PRESIDENT**

**01/08/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date