

2017 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:

BRAD CONGLETON CPA, INC.
2050 WEST HWY 30A
#214
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

MANAGER

01/20/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date