

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000067121

**Entity Name:** ABSOLUTE POOLS OF THE TREASURE COAST, LLC

**Current Principal Place of Business:**

2501 SW GABOR CT  
PORT SAINT LUCIE, FL 34953

**Current Mailing Address:**

2501 SW GABOR CT  
PORT SAINT LUCIE, FL 34953 US

**FEI Number:** 27-2910305

**Certificate of Status Desired:** Yes

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

RIVERA, ANTHONY  
2501 SW GABOR CT  
PORT SAINT LUCIE, FL 34953 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 RIVERA, ANTHONY  
Address 2501 SW GABOR CT  
City-State-Zip: PORT SAINT LUCIE FL 34953

Title MGRM  
Name RIVERA, DEBORAH M.  
Address 2501 SW GABOR CT  
City-State-Zip: PORT SAINT LUCIE FL 34953

*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:** ANTHONY RIVERA

MGRM

01/05/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date