

2015 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 COURT
PORT ST LUCIE, FL 34953

Current Mailing Address:

2501 SW GABOR COURT
PORT ST LUCIE, FL 34953 US

FEI Number: 27-2910305

Certificate of Status Desired: No

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

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

OWNER MANAGER

01/18/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date