

**2015 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000051218

**Entity Name:** PHAMILY POOLS & SPAS, LLC

**Current Principal Place of Business:**

4560 SW OSCAR COURT  
PORT ST LUCIE, FL 34953

**Current Mailing Address:**

4560 SW OSCAR COURT  
PORT ST LUCIE, FL 34953 US

**FEI Number:** 27-3217996

**Certificate of Status Desired:** No

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

SMITH, LIONEL R  
4560 SW OSCAR COURT  
PORT ST 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:** LIONEL R SMITH

10/22/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name SMITH, LIONEL R  
Address 4560 SW OSCAR COURT  
City-State-Zip: PORT ST LUCIE FL 34953

Title MGR  
Name SMITH, HEATHER R  
Address 4560 SW OSCAR COURT  
City-State-Zip: PORT ST 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:** LIONEL R SMITH

OWNER/MANAGER

10/22/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date