

**2015 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000128200

**Entity Name:** NEW WAVE POOL CARE, LLC

**Current Principal Place of Business:**

1016 NE 40TH RD  
HOMESTEAD, FL 33033

**Current Mailing Address:**

1016 NE 40TH RD  
HOMESTEAD, FL 33033 US

**FEI Number:** 46-1145508

**Certificate of Status Desired:** Yes

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

MORALES, CARLOS  
5125 ADANSON ST.  
SUITE 500  
ORLANDO, FL 32804 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:** CARLOS MORALES

04/30/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	MGRM
Name	MORALES, CARLOS	Name	MORALES, JENNIFER
Address	1016 NE 40TH RD	Address	1016 NE 40TH RD
City-State-Zip:	HOMESTEAD FL 33033	City-State-Zip:	HOMESTEAD FL 33033

*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:** JENNIFER MORALES

MGM

04/30/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date