

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000073009

Entity Name: YOUR POOL CHEMIST LLC

Current Principal Place of Business:

3056 ABRAMS TRL.
ODESSA, FL 33556

Current Mailing Address:

P.O. BOX 1390
SAFETY HARBOR, FL 34695 US

FEI Number: 46-2820506

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LESPERANCE, DEREK
3056 ABRAMS TRL.
ODESSA, FL 33556 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 OWNER
Name LESPERANCE, DEREK
Address 3056 ABRAMS TRL.
City-State-Zip: ODESSA FL 33556

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: DEREK LESPERANCE

OWNER

02/13/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date