

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000131425

**Entity Name:** SMITH POOL SERVICE OF WINTER HAVEN LLC

**Current Principal Place of Business:**

273 KINGS POND AVE  
WINTER HAVEN, FL 33880

**Current Mailing Address:**

P O BOX 1244  
EAGLE LAKE, FL 33839

**FEI Number:** 46-3667073

**Certificate of Status Desired:** No

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

SMITH, DAVE K  
273 KINGS POND AVE  
WINTER HAVEN, FL 33880 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 SMITH, DAVE K  
Address P O BOX 1244  
City-State-Zip: EAGLE LAKE FL 33839

*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:** DAVE SMITH

**PRESIDENT**

**02/13/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date