

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000005410

Entity Name: POOL CARE OF SOUTH FLORIDA, LLC.

Current Principal Place of Business:

191 NW 97 AVE
APT 316
MIAMI, FL 33172

Current Mailing Address:

191 NW 97 AVE
APT 316
MIAMI, FL 33172 US

FEI Number: 47-2896038

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HERNANDEZ, RODOLFO B
191 NW 97 AVE
APT 316
MIAMI, FL 33172 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 MGR
Name HERNANDEZ, RODOLFO B
Address 191 NW 97 AVE
APT 316
City-State-Zip: MIAMI FL 33172

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: RODOLFO HERNANDEZ

MGR

05/01/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date