

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000005410

Entity Name: POOL CARE OF SOUTH FLORIDA, LLC.

Current Principal Place of Business:

8420 NORTH SHERMAN CIRCLE
APT 106
MIRAMAR, FL 33025

Current Mailing Address:

8420 NORTH SHERMAN CIRCLE
APT 106
MIRAMAR, FL 33025

FEI Number: 47-2896038

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HERNANDEZ, RODOLFO B
8420 NORTH SHERMAN CIRCLE
MIRAMAR, FL 33025 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 8420 NORTH SHERMAN CIRCLE APT
#106
City-State-Zip: MIRAMAR FL 33025

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

MANAGER

05/04/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date