

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000141758

Entity Name: SWIM TIME LLC

Current Principal Place of Business:

470 CAPE COD LP
SPRING HILL, FL 34607

Current Mailing Address:

470 CAPE COD LP
SPRING HILL, FL 34607

FEI Number: 61-1768965

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALLIGOOD, ALISHA A
470 CAPE COD LP
SPRING HILL, FL 34607 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 AR
Name ALLIGOOD, ALISHA A
Address 470 CAPE COD LP
City-State-Zip: SPRING HILL FL 34607

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: ALISHA ALLIGOOD

ALISHA ALLIGOOD

04/10/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date