

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000061058

**Entity Name:** CHATIGNY POOL SERVICES LLC

**Current Principal Place of Business:**

809 DEKLEVA DR.  
APOPKA, FL 32712

**Current Mailing Address:**

809 DEKLEVA DR.  
APOPKA, FL 32712

**FEI Number:** 81-2085212

**Certificate of Status Desired:** No

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

CHATIGNY, BRUCE A  
809 DEKLEVA DR.  
APOPKA, FL 32712 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            CEO  
Name            CHATIGNY, BRUCE  
Address        809 DEKLEVA DR.  
City-State-Zip: APOPKA FL 32712

*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:** BRUCE CHATIGNY

CEO

04/20/2017

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

\_\_\_\_\_  
Date