

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000044519

Entity Name: THE POOL CLINIC LLC

Current Principal Place of Business:

2501 SW 37TH AVE
APT 503
MIAMI, FL 33133

Current Mailing Address:

2501 SW 37TH AVE
APT 503
MIAMI, FL 33133 US

FEI Number: 82-0680218

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

RAMIREZ, JUAN B
2501 SW 37TH AVE
APT 503
MIAMI, FL 33133 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: JUAN B. RAMIREZ

04/09/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	RAMIREZ, JUAN B	Name	VELANDIA , MARIA F
Address	2501 SW 37TH AVE APT 503	Address	2501 SW 37TH AVE APT 503
City-State-Zip:	MIAMI FL 33133	City-State-Zip:	MIAMI FL 33133

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: JUAN B. RAMIREZ

MGR

04/09/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date