

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000044519

**Entity Name:** THE POOL CLINIC LLC

**Current Principal Place of Business:**

8175 NW 12TH ST

SUITE 100

DORAL, FL 33122

**Current Mailing Address:**

8175 NW 12TH ST

SUITE 100

DORAL, FL 33122 US

**FEI Number: 82-0680218**

**Certificate of Status Desired:** Yes

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

RAMIREZ, JUAN B

8175 NW 12TH ST

SUITE 100

DORAL, FL 33122 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

04/22/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR

Name RAMIREZ, JUAN B

Address 8175 NW 12TH ST  
SUITE 100

City-State-Zip: DORAL FL 33122

Title MGR

Name VELANDIA , MARIA F

Address 8175 NW 12TH ST  
SUITE 100

City-State-Zip: DORAL FL 33122

*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

04/22/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date