

2024 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: No

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

04/28/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	RAMIREZ, JUAN B	Name	VELANDIA , MARIA F
Address	8175 NW 12TH ST SUITE 100	Address	8175 NW 12TH ST SUITE 100
City-State-Zip:	DORAL FL 33122	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

04/28/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date