

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000071550

**Entity Name:** POOL CARE OF PASCO LLC

**Current Principal Place of Business:**

11024 MCKINLEY DR  
PORT RICHEY, FL 34668

**Current Mailing Address:**

11024 MCKINLEY DR  
PORT RICHEY, FL 34668

**FEI Number:** 47-3059523

**Certificate of Status Desired:** Yes

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

BUTLER, ALVIN  
11024 MCKINLEY DR  
PORT RICHEY, FL 34668 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            AMBR, CEO, MANAGER  
Name            BUTLER, ALVIN R  
Address         11024 MCKINLEY DR  
City-State-Zip: PORT RICHEY FL 34668

Title            COO, MANAGER, AUTHORIZED  
MEMBER  
Name            BUTLER, SANDRA KAY  
Address         11024 MCKINLEY DR  
City-State-Zip: PORT RICHEY FL 34668

*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:** ALVIN R BUTLER

**CEO**

**04/30/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date