

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000098155

Entity Name: PAWS IN THE POOL WATER WELLNESS, LLC

Current Principal Place of Business:

6489 LARK AVE.
MILTON, FL 32570

Current Mailing Address:

6489 LARK AVE.
MILTON, FL 32570

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAVLINA, KARLA S
6489 LARK AVE.
MILTON, FL 32570 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 MANAGER
Name HAVLINA, KARLA MS.
Address 6489 LARK AVE.
City-State-Zip: MILTON FL 32570

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: KARLA HAVLINA

OWNER

05/01/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date