

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000187427

**Entity Name:** POOLCONNECT, LLC

**Current Principal Place of Business:**

4100 N POWERLINE RD  
STE Q1  
POMPANO BEACH, FL 33073

**Current Mailing Address:**

4100 N POWERLINE RD  
STE Q1  
POMPANO BEACH, FL 33073 US

**FEI Number:** 82-2670751

**Certificate of Status Desired:** No

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

DOYLE, KEVIN A  
4100 N POWERLINE RD  
STE Q1  
POMPANO BEACH, FL 33073 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  
Name            DOYLE, KEVIN A  
Address        4100 N POWERLINE RD STE Q1  
City-State-Zip: POMPANO BEACH FL 33073

Title            AMBR  
Name            REDDY, RAKESH  
Address        4100 N POWERLINE RD STE Q1  
City-State-Zip: POMPANO BEACH FL 33073

Title            AMBR  
Name            THE WILLIAM A. KENT REVOCABLE  
INTERVIVOS TRUST AGREEMENT,  
U/A/D JULY 19, 1985 WILLIAM A. KENT  
TRUSTEE  
Address        4100 N POWERLINE RD  
STE Q1  
City-State-Zip: POMPANO BEACH FL 33073

*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:** KEVIN DOYLE

AMBR

07/09/2018

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date