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. 03/23/2020

MGR

SIGNATURE: STACY SNUKIS

Electronic Signature of Signing Authorized Person(s) Detail

Current Principal Place of Business: 2102 NW 6TH STREET CAPE CORAL, FL 33993

Entity Name: SKIMMERS POOL CARE, LLC

Current Mailing Address:

DOCUMENT# L18000077993

2102 NW 6TH STREET CAPE CORAL. FL 33993 US

FEI Number: 30-1051957

Name and Address of Current Registered Agent:

SNUKIS, ROBERT A JR. 2102 NW 6TH STREET CAPE CORAL, FL 33993 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

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	SNUKIS, ROBERT A JR.	Name	SNUKIS, STACY M
Address	2102 NW 6TH STREET	Address	2102 NW 6TH STREET
City-State-Zip:	CAPE CORAL FL 33993	City-State-Zip:	CAPE CORAL FL 33993

FILED Mar 23, 2020 Secretary of State 0946718048CC

Certificate of Status Desired: No

Date

Date