

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000106350

**Entity Name:** POOL CARE OF FLORIDA, LLC

**Current Principal Place of Business:**

191 NW 97 AVE  
APT 316  
MIAMI, FL 33172

**Current Mailing Address:**

191 NW 97 AVE  
APT 316  
MIAMI, FL 33172

**FEI Number:** 47-2896038

**Certificate of Status Desired:** No

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

FRAGA, AMADO  
191 NW 97 AVE  
APT 316  
MIAMI, FL 33172 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 MGR  
Name FRAGA, AMADO  
Address 191 NW 97 AVE APT 316  
City-State-Zip: MIAMI FL 33172

*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:** AMADO FRAGA

**MANAGER**

**04/30/2019**

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

\_\_\_\_\_  
Date