

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000106350

Entity Name: POOL CARE OF FLORIDA, LLC

Current Principal Place of Business:

9386 SW 222ND LANE
CUTLER BAY, FL 33190

Current Mailing Address:

9386 SW 222ND LANE
CUTLER BAY, FL 33190 US

FEI Number: 47-2896038

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FRAGA, AMADO
9386 SW 222ND LANE
CUTLER BAY, FL 33190 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 9386 SW 222ND LANE

City-State-Zip: CUTLER BAY FL 33190

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

MR

04/28/2022

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date