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: JOSEPH R BURT

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: BURT'S POOL SERVICE LLC **Current Principal Place of Business:**

16020 ARBOR VIEW BLVD. #117 NAPLES, FL 34110

Current Mailing Address:

DOCUMENT# L18000197083

16020 ARBOR VIEW BLVD. #117 NAPLES, FL 34110 US

FEI Number: 83-1607583

Name and Address of Current Registered Agent:

BURT, JOSEPH 16020 ARBOR VIEW BLVD. #117 NAPLES, FL 34110 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 :

Autionzeu Person(s) Detail .			
Title	MGR	Title	AMBR
Name	BURT, JOSEPH R	Name	BURT, LISA R
Address	16020 ARBOR VIEW BLVD. #117	Address	16020 ARBOR VIEW BLVD. #117
City-State-Zip:	NAPLES FL 34110	City-State-Zip:	NAPLES FL 34110

FILED Jan 27, 2020 Secretary of State 8856064666CC

Certificate of Status Desired: Yes

01/27/2020

Date

MGR