

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000141117

**Entity Name:** BLUE PARADISE POOLS & SPA, LLC

**Current Principal Place of Business:**

1400 ROBIN ROAD  
ORLANDO, FL 32803

**Current Mailing Address:**

1400 ROBIN ROAD  
ORLANDO, FL 32803 US

**FEI Number:** 84-2026970

**Certificate of Status Desired:** No

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

CHAPMAN, VICTOR L  
18 WALL STREET  
ORLANDO, FL 32801 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 PATTERSON MANAGEMENT GROUP,  
INC  
Address 4590 CHATTAHOOCHEE COURT  
City-State-Zip: MARIETTA GA 30067

Title MGR  
Name LINDVIG, BRYAN  
Address 1400 ROBIN RN  
City-State-Zip: ORLANDO FL 32803

Title AMBR  
Name LINDVIG, CANDACE  
Address 1400 ROBIN RD  
City-State-Zip: ORLANDO FL 32803

*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:** BRYAN LINDVIG

**MANAGING MEMBER**

**03/14/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date