

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000153949

**Entity Name:** BLUE RIVER POOL SERVICES LLC

**Current Principal Place of Business:**

3179 LYNNHAVEN ST  
DELTONA, FL 32738

**Current Mailing Address:**

3179 LYNNHAVEN ST  
DELTONA, FL 32738

**FEI Number: 84-2178735**

**Certificate of Status Desired: No**

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

COLCHADO, ANGEL A SR  
3179 LYNNHAVEN ST  
DELTONA, FL 32738 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	Title	MANAGER
Name	COLCHADO, ANGEL A	Name	GONZALEZ, VIRGINIA
Address	3179 LYNNHAVEN ST	Address	3179 LYNNHAVEN ST
City-State-Zip:	DELTONA FL 32738	City-State-Zip:	DELTONA FL 32738

*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: ANGEL COLCHADO**

**OWNER**

**03/14/2023**

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

\_\_\_\_\_  
Date