

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000016995

Entity Name: POOL CARE OF OVIEDO, LLC

Current Principal Place of Business:

1006 ZACHARY CT
OVIEDO, FL 32765

Current Mailing Address:

1006 ZACHARY CT
OVIEDO, FL 32765 US

FEI Number: 84-4577663

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

POLASKI, BRIAN
1006 ZACHARY CT
OVIEDO, FL 32765 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 MR.
Name POLASKI, BRIAN
Address 1006 ZACHARY CT
City-State-Zip: OVIEDO FL 32765

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: BRIAN POLASKI

OWNER

03/06/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date