## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000233109

Entity Name: MENDES POOL SERVICES, LLC

**Current Principal Place of Business:** 

1765 SE LINPARK CT PORT ST LUCIE. FL 34952

**Current Mailing Address:** 

1765 SE LINPARK CT

PORT ST LUCIE, FL 34952 US

FEI Number: 83-2497052 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TAXPEOPLE, LLC 2855 SW BRIGHTON ST PORT ST LUCIE, FL 34953 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: CLAUDIO TOLEDO RIBEIRO 02/22/2024

Electronic Signature of Registered Agent

Date

FILED Feb 22, 2024

**Secretary of State** 

7213245840CC

Authorized Person(s) Detail:

Title AMBR

Name MENDES ORNELA, GUSTAVO

Address 1765 SE LINPARK CT

City-State-Zip: PORT ST LUCIE FL 34952

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.

Electronic Signature of Signing Authorized Person(s) Detail