

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000181718

Entity Name: HIS & HERS POOL PROS LLC

Current Principal Place of Business:

2900 HIDDEN HOLLOW LN
DAVIE, FL 33328

Current Mailing Address:

P.O. BOX 31012
PALM BEACH GARDENS, FL 33420

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CRAGER, SHAYLEE
2900 HIDDEN HOLLOW LN
DAVIE, FL 33328 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	MGR
Name	CRAGER, SHAYLEE	Name	CRAWFORD, RYAN
Address	2900 HIDDEN HOLLOW LN	Address	2900 HIDDEN HOLLOW LN
City-State-Zip:	DAVIE FL 33328	City-State-Zip:	DAVIE FL 33328

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: RYAN CRAWFORD

MGR

05/12/2024

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date