

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000228693

Entity Name: POOL CLINIC OF FLORIDA LLC

Current Principal Place of Business:

200 SHADY OAKS DRIVE
UNIT 106
PALM COAST, FL 32164

Current Mailing Address:

PO BOX 354241
PALM COAST, FL 32135 UN

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOPEZ, YOLANDA
200 SHADY OAKS DRIVE
UNIT 106
PALM COAST, FL 32135 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 AR
Name LOPEZ, YOLANDA
Address PO BOX 354241
City-State-Zip: PALM COAST FL 32135

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: YOLANDA LOPEZ

AR

02/09/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date