

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000279079

**Entity Name:** ANGON POOLS LLC

**Current Principal Place of Business:**

1803 W PALMETTO AVE  
PLANT CITY, FL 33563

**Current Mailing Address:**

1803 W PALMETTO AVE  
PLANT CITY, FL 33563 US

**FEI Number:** 87-1250379

**Certificate of Status Desired:** No

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

ANGON, MERYSU A  
1803 W PALMETTO AVE  
PLANT CITY, FL 33563 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	MM	Title	VP
Name	ANGON, MERYSU	Name	ANGON , BENJAMIN
Address	1803 W PALMETTO AVE	Address	1803 W PALMETTO AVE
City-State-Zip:	PLANT CITY FL 33563	City-State-Zip:	PLANT CITY FL 33563

*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:** MERYSU ANGON

**OWNER**

**03/27/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date