

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000093168

**Entity Name:** PARROTT POOL SOLUTIONS, LLC

**Current Principal Place of Business:**

4809 PHYLLIS ST  
JACKSONVILLE, FL 32254

**Current Mailing Address:**

4809 PHYLLIS ST  
JACKSONVILLE, FL 32254 US

**FEI Number:** 92-2455160

**Certificate of Status Desired:** No

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

SULLIVAN, JOHN  
4809 PHYLLIS ST  
JACKSONVILLE, FL 32254 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  
Name SULLIVAN, JERRI  
Address 14720 AMELIA VIEW DRIVE  
City-State-Zip: JACKSONVILLE FL 32226

Title VP  
Name SULLIVAN, JOHN  
Address 14720 AMELIA VIEW DRIVE  
City-State-Zip: JACKSONVILLE FL 32226

Title PRES  
Name PARROTT, JACKSON  
Address 1060 CAMELIA ST  
City-State-Zip: ATLANTIC BEACH FL 32233

*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:** JOHN SULLIVAN

VP

03/05/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date