

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000100397

Entity Name: POOL CAGE PLUS LLC

Current Principal Place of Business:

5220 ARITON ROAD
NORTH PORT, FL 34288

Current Mailing Address:

5220 ARITON ROAD
NORTH PORT, FL 34288 US

FEI Number: 30-0511876

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WHALEN, MATTHEW
5220 ARITON ROAD
NORTH PORT, FL 34288 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 MGRM
Name WHALEN, MATTHEW
Address 5220 ARITON ROAD
City-State-Zip: NORTH PORT FL 34288

Title MGRM
Name GOLDENBERG, EVAN
Address 25020 AMBROSE ROAD
City-State-Zip: PLAINFIELD IL 60585

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: EVAN GOLDENBERG

PARTNER

04/01/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date