2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2014
Secretary of State
CC8515647310

DOCUMENT# L09000079842

Entity Name: BLUE COVE POOL CARE LLC

Current Principal Place of Business:

343 SOUTH CREEK DR
OSPREY, FL 34229

Current Mailing Address:

343 SOUTH CREEK DR
OSPREY, FL 34229

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HEDEN, JON
343 SOUTH CREEK DR
OSPREY, FL 34229 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	HEDEN, JON
Address	343 SOUTH CREEK DR
City-State-Zip:	OSPREY FL 34229

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: JON HEDEN MGRM 04/18/2014

Electronic Signature of Signing Authorized Person(s) Detail — Date