

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000079842

Entity Name: BLUE COVE POOL CARE LLC

Current Principal Place of Business:

1435 E. VENICE AVE
104-237
VENICE, FL 34292-3074

Current Mailing Address:

1435 E. VENICE AVE
104-237
VENICE, FL 34292-3074 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HEDEN, JON
1435 E. VENICE AVE
104-237
VENICE, FL 34292-3074 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 1435 E. VENICE AVE
104-237
City-State-Zip: VENICE FL 34292-3074

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

MGR

03/08/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date