

**2019 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

**MANAGER**

**03/10/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date