

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000115230

**Entity Name:** AQUA WIZARD POOL SERVICE LLC

**Current Principal Place of Business:**

3517 HAINES RD.N  
ST PETERSBURG, FL 33704

**Current Mailing Address:**

PO BOX 7669  
ST PETERSBURG, FL 33734

**FEI Number:** 27-1409637

**Certificate of Status Desired:** No

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

ROONEY, MARK  
3517 HAINES RD.N  
ST PETERSBURG, FL 33704 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 ROONEY, MARK E  
Address PO BOX 7669  
City-State-Zip: ST PETERSBURG FL 33734

*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:** MARK ROONEY

**OWNER**

**01/27/2025**

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

\_\_\_\_\_  
Date