

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000057585

**Entity Name:** TRUSTED POOL AND SPA LLC

**Current Principal Place of Business:**

6365 JIM DAVIS ROAD  
PARRISH, FL 34219

**Current Mailing Address:**

P.O. BOX 110422  
LAKEWOOD RANCH, FL 34211-0005 US

**FEI Number:** 27-2714556

**Certificate of Status Desired:** Yes

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

HEGEDUS, CHRISTOPHER M  
6365 JIM DAVIS ROAD  
PARRISH, FL 34219 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 MGMR  
Name HEGEDUS, CHRISTOPHER M  
Address 6365 JIM DAVIS ROAD  
City-State-Zip: PARRISH FL 34219

*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:** CHRISTOPHER HEGEDUS

**MANAGING MEMBER**

**01/12/2015**

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

\_\_\_\_\_  
Date