# 2018 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

### Name and Address of Current Registered Agent:

HEGEDUS, CHRISTOPHER M 6365 JIM DAVIS ROAD PARRISH, FL 34219 US

FILED Mar 14, 2018

Secretary of State

CC7720321885

Date

Certificate of Status Desired: Yes

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

# Authorized Person(s) Detail :

Title	MGMR	Title	AUTHORIZED MEMBER
Name	HEGEDUS, CHRISTOPHER M	Name	HEGEDUS, SYLVIA DELILAH
Address	6365 JIM DAVIS ROAD	Address	6365 JIM DAVIS ROAD
City-State-Zip:	PARRISH FL 34219	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: SYLVIA HEGEDUS

AUTHORIZED MEMBER 03/14/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date