

2016 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: No

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	Title	AUTHORIZED MEMBER
Name	HEGEDUS, CHRISTOPHER M	Name	SOLIS, 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: CHRISTOPHER HEGEDUS

MANAGING MEMBER

01/27/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date