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.

OWNER

SIGNATURE: JUSTIN HOWARD

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L10000098187

2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

Entity Name: JUSTINS POOL CENTER, LLC

**Current Principal Place of Business:** 

3035 SE MARICAMP RD 103 OCALA, FL 34471

## **Current Mailing Address:**

3035 SE MARICAMP RD 103 OCALA, FL 34471 US

## FEI Number: 27-3294600

## Name and Address of Current Registered Agent:

J OWNER HOWARD 3035 SE MARICAMP RD 103 OCALA, FL 34471 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	: JHOWARD			09/06/2019
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	OWNER	Title	OWNER	
Name	HOWARD, JUSTIN R	Name	HOWARD, JOHN E	
Address	3035 SE SE MARICAMP RD	Address	2217 SE 29TH ST	
City-State-Zip:	OCALA FL 34471	City-State-Zip:	OCALA FL 34471	
Title	OWNER			
Name	HOWARD , BARBARA L			
Address	3035 SE MARICAMP RD 102-103			
City-State-Zip:	OCALA FL 34471			

# FILED Sep 06, 2019 Secretary of State 8408500131CR

Certificate of Status Desired: Yes

09/06/2019 Date