

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000133854

Entity Name: POOL SHARKZ, LLC

Current Principal Place of Business:

600 LEGACY PARK DR.
CASSELBERRY, FL 32707

Current Mailing Address:

PO BOX 181605
CASSELBERRY, FL 32718 US

FEI Number: 45-3975827

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GIBSON, ANDY
600 LEGACY PARK DR.
CASSELBERRY, FL 32707 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 GIBSON, PHILIP A
Address 600 LEGACY PARK DR.
City-State-Zip: CASSELBERRY FL 32707

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: PHILIP A GIBSON

MGRM

02/04/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date