

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000053923

**Entity Name:** ARIEL POOL & SPAS L.L.C.

**Current Principal Place of Business:**

715 NW 22 PLACE  
MIAMI, FL 33125

**Current Mailing Address:**

POST OFFICE BOX 350428  
MIAMI, FL 33135

**FEI Number:** 45-5459341

**Certificate of Status Desired:** No

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

SALAZAR, ARIEL A  
715 NW 22 PLACE  
MIAMI, FL 33125 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:** ARIEL A SALAZAR

01/28/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER, AUTHORIZED MEMBER  
Name           SALAZAR, ARIEL A  
Address        715 NW 22 PLACE  
City-State-Zip: MIAMI FL 33125

*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:** ARIEL A SALAZAR

MANAGER AUTHORIZED   01/28/2018  
MEMBER

Electronic Signature of Signing Authorized Person(s) Detail

Date