

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000130141

**Entity Name:** FNS POOLS LLC

**Current Principal Place of Business:**

1801 CHARLES CT  
ST. CLOUD, FL 34771

**Current Mailing Address:**

PO BOX 180277  
CASSELBERRY, FL 32718 US

**FEI Number:** 46-1181115

**Certificate of Status Desired:** No

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

MORRISON, JASON E  
1801 CHARLES CT  
ST. CLOUD, FL 34771 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 MGR  
Name MORRISON, JASON E  
Address 1801 CHARLES CT  
City-State-Zip: ST. CLOUD FL 34771

*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:** JASON MORRISON

**OWNER**

**02/17/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date