

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000073009

**Entity Name:** THE POOL CHEMIST'S POOL SERVICE, L.L.C.

**Current Principal Place of Business:**

284 KATHERINE BLVD.  
8108  
PALM HARBOR , FL 34684

**Current Mailing Address:**

P.O. BOX 1390  
SAFETY HARBOR, FL 34695 US

**FEI Number:** 46-2820506

**Certificate of Status Desired:** No

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

LESPERANCE, DEREK  
284 KATHERINE BLVD.  
8108  
PALM HARBOR, FL 34684 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            OWNER  
Name            LESPERANCE, DEREK  
Address        284 KATHERINE BLVD.  
                  8108  
City-State-Zip: PALM HARBOR FL 34684

*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:** DEREK LESPERANCE

**OWNER**

**06/21/2015**

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

\_\_\_\_\_  
Date