2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000190793

Current Principal Place of Business:

Entity Name: SPARKLING SAPPHIRE POOL CARE, LLC

ty Name. SPARKLING SAFFTIIKE FOOL CARE, E

839 LYNBROOK STREET NW PALM BAY. FL 32907

Current Mailing Address:

839 LYNBROOK STREET NW PALM BAY, FL 32907 US

FEI Number: 47-5582250 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHATEL, MATTHEW R 839 LYNBROOK STREET NW PALM BAY, FL 32907 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

FILED Feb 13, 2017

Secretary of State

CC6955485725

Authorized Person(s) Detail:

Title AMBR

Name CHATEL, MATTHEW R

Address 839 LYNBROOK STREET NW

City-State-Zip: PALM BAY FL 32907

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.

Electronic Signature of Signing Authorized Person(s) Detail