

2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L16000181642

Entity Name: AQUANAUTICS POOLS LLC**Current Principal Place of Business:**11350 OLD GRADE RD
POLK CITY, FL 33868**Current Mailing Address:**11350 OLD GRADE RD
POLK CITY, FL 33868 US**FEI Number:** 81-4811770**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCARBERRY, EDDIE J
11350 OLD GRADE RD
POLK CITY, FL 33868 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	OPERATING MANAGER, SECRETARY
Name	SCARBERRY, EDDIE J
Address	11350 OLD GRADE RD
City-State-Zip:	POLK CITY FL 33868

Title	VICE OPERATING MANAGER
Name	SCARBERRY, MARK
Address	11350 OLD GRADE RD
City-State-Zip:	POLK CITY FL 33868

Title	VICE OPERATING MANAGER
Name	WILLIAMS, LEONARD
Address	11350 OLD GRADE RD
City-State-Zip:	POLK CITY FL 33868

Title	MANAGER
Name	SCARBERRY, NANCY J
Address	11350 OLD GRADE RD
City-State-Zip:	POLK CITY FL 33868

Title	VICE OPERATING MANAGER
Name	MATA, MAGDIEL
Address	11350 OLD GRADE RD
City-State-Zip:	POLK CITY FL 33868

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: NANCY SCARBERRY

MANAGER

04/28/2022

Electronic Signature of Signing Authorized Person(s) Detail_____
Date