

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000049080

**Entity Name:** LEGACY POOLS FL LLC

**Current Principal Place of Business:**

2597 SW HINCHMAN  
PORT ST LUCIE, FL 34984

**Current Mailing Address:**

2597 SW HINCHMAN ST  
PORT ST LUCIE, FL 34984 US

**FEI Number:** 82-0736828

**Certificate of Status Desired:** No

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

GRIFFIN, DARREN L  
2597 SW HINCHMAN ST  
PORT ST LUCIE, FL 34984 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 GRIFFIN, DARREN  
Address 2597 SW HINCHMAN ST  
City-State-Zip: PORT ST LUCIE FL 34984

*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:** DARREN GRIFFIN

OWNER

08/30/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date