

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000087246

Entity Name: BETTER POOL CARE "LLC"

Current Principal Place of Business:

20278 ASTORIA AVE
PORT CHARLOTTE, FL 33952

Current Mailing Address:

2163 LAKESHORE CIR
PORT CHARLOTTE, FL 33952-4126 US

FEI Number: 82-1473558

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MORSE, STANLEY H
20278 ASTORIA AVE
PORT CHARLOTTE, FL 33952 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: STANLEY H MORSE

04/04/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AR
Name MORSE, STANLEY H
Address 20278 ASTORIA AVE
City-State-Zip: PORT CHARLOTTE FL 33952

Title AR
Name WRASSE, LAWRENCE J
Address 2163 LAKESHORE CIRCLE
City-State-Zip: PORT CHARLOTTE FL 33952

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: LAWRENCE J WRASSE

OWNER/PARTNER

04/04/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date