## 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000087246

Entity Name: BETTER POOL CARE "LLC"

**Current Principal Place of Business:** 

2163 LAKESHORE CIRCLE PORT CHARLOTTE, FL 33952

**Current Mailing Address:** 

2163 LAKESHORE CIR

PORT CHARLOTTE. FL 33952-4126 US

FEI Number: 82-1473558 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BETTER POOL CARE LLC 2163 LAKESHORE CIRCLE 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: LAWRENCE WRASSE 02/12/2023

Electronic Signature of Registered Agent

Date

FILED Feb 12, 2023

**Secretary of State** 

4095834294CC

## Authorized Person(s) Detail:

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.

Electronic Signature of Signing Authorized Person(s) Detail