

**2025 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

04/30/2025

Electronic Signature of Registered Agent

Date

**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.*

**SIGNATURE:** LAWRENCE J WRASSE

OWNER

04/30/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date