## 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000215642

Entity Name: TROPIX POOL SERVICES LLC

**Current Principal Place of Business:** 

2194 COMO ST

PORT CHARLOTTE, FL 33948

**Current Mailing Address:** 

2194 COMO ST

PORT CHARLOTTE. FL 33948 US

FEI Number: 26-1894390 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KING, KIM D 2194 COMO ST

PORT CHARLOTTE, FL 33948 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

Date

FILED Jan 02, 2018

**Secretary of State** 

CC7708276460

## Authorized Person(s) Detail:

Title MGR

Name KING, KIM D Address 2194 COMO ST

City-State-Zip: PORT CHARLOTTE FL 33948

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: KIM D KING MGR 01/02/2018