

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000137010

**Entity Name:** LIFESTYLE POOLS LLC

**Current Principal Place of Business:**

4500 140 AVE N  
UNIT 113  
CLEARWATER, FL 33762

**Current Mailing Address:**

PO BOX 701  
CRYSTAL BEACH, FL 34681 US

**FEI Number:** 83-0784064

**Certificate of Status Desired:** Yes

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

CICEKLIC, AMIR  
2245 N MCMULLEN BOOTH RD  
CLEARWATER, FL 33759 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 CICEKLIC, AMIR  
Address 2245 N MCMULLEN BOOTH RD  
City-State-Zip: CLEARWATER FL 33759

*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:** AMIR CICEKLIC

**MANAGER**

**03/07/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date