that my name appears above, or on an attachment with all other like empowered.

AMBR

SIGNATURE: RANGEL VAZQUEZ

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: AGUABREEZE POOL & SPA SERVICE LLC **Current Principal Place of Business:**

DOCUMENT# L18000172702

2249 SW ELMWOOD AVE. PORT ST. LUCIE. FL 34953

Current Mailing Address:

2249 SW ELMWOOD AVE. PORT ST. LUCIE. FL 34953 US

FEI Number: 83-1536911

Name and Address of Current Registered Agent:

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

ISC TAX EXPRESS DBA LIBERTY TAX SERVICE 2842 SW PORT ST LUCIE BLVD PORT ST. LUCIE, FL 34953 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	: MARC VASSOR			04/30/2023
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGR	Title	PRESIDENT	
Name	VAZQUEZ, RANGEL	Name	VAZQUEZ, RANGEL	
Address	2249 SW ELMWOOD AVE.	Address	2249 SW ELMWOOD AVE	
City-State-Zip:	PORT ST. LUCIE FL 34953	City-State-Zip:	PORT ST. LUCIE FL 34953	

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

Secretary of State 8134394481CC

FILED Apr 30, 2023

Certificate of Status Desired: No

Date

04/30/2023