**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Mar 05, 2019**
**Secretary of State**
**4544639137CC**

DOCUMENT# L18000194153

**Entity Name:** SUMMERLIN'S POOL SERVICE

**Current Principal Place of Business:**

4001 S EDGEWATER CIR
LABELLE FL, FL 33935

**Current Mailing Address:**

4001 S EDGEWATER CIR
LABELLE FL, FL 33935 US

**FEI Number: 83-1557984**

**Certificate of Status Desired:** No

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

SUMMERLIN, COLTON M
4001 S EDGEWATER CIR
LABELLE, FL 33935 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 | MANAGER |
| Name | SUMMERLIN, COLTON MORRIS |
| Address | 4001 S EDGEWATER CIR |
| City-State-Zip: | LABELLE FL 33935 |

*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: COLTON MORRIS SUMMERLIN MANAGER 03/05/2019

Electronic Signature of Signing Authorized Person(s) Detail — Date