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: CHRISTOPHER HARRIGAN

Electronic Signature of Signing Authorized Person(s) Detail

MGR

04/24/2023

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000120044

Entity Name: FLAMINGO POOL CARE, LLC

Current Principal Place of Business:

8466 LOCKWOOD RIDGE RD, SUITE 175 SARASOTA, FL 34243

Current Mailing Address:

8466 LOCKWOOD RIDGE RD, SUITE 175 SARASOTA, FL 34243 US

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

MISKA, KEVIN CPA 6905 44TH CT E SARASOTA, FL 34243 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	E KEVIN MISKA			04/24/2023
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGR	Title	MGR	
Name	HARRIGAN, CHRISTOPHER J MR.	Name	HARRIGAN, SARAH E MRS.	
Address	6905 44TH CT E	Address	6905 44TH CT E	
City-State-Zip:	SARASOTA FL 34243	City-State-Zip:	SARASOTA FL 34243	

FILED Apr 24, 2023 Secretary of State 9817756922CC

Certificate of Status Desired: No

Date