

2021 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L19000304605

Entity Name: SEASIDE POOL CARE LLC

Current Principal Place of Business:

3882 SW COQUINA COVE WAY
UNIT 107
PALM CITY, FL 34990

Current Mailing Address:

P.O. BOX 1265
PALM CITY, FL 34990 US

FEI Number: 85-1231797

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ALLEN, ANNA M
3882 SW COQUINA COVE WAY
UNIT 107
PALM CITY, FL 34990 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: ANNA ALLEN

10/26/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name ANNA, ALLEN M
Address 3882 SW COQUINA COVE WAY
UNIT 107
City-State-Zip: PALM CITY FL 34990

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: ANNA M ALLEN

10/26/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date