

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000010072

Entity Name: SCOTT C. POOLE LLC

Current Principal Place of Business:

4119 SKYLINE BLVD
FORT MYERS, FL 33914

Current Mailing Address:

4119 SKYLINE BLVD
CAPE CORAL, FL 33914 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

POOLE, SCOTT C
4119 SKYLINE BLVD
FORT MYERS, FL 33914 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 POOLE, SCOTT C
Address 4119 SKYLINE BLVD
City-State-Zip: CAPE CORAL FL 33914

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: SCOTT CASS POOLE

OWNER

03/01/2023

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date