## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000099678

Entity Name: FORT MYERS POOL & SPA LLC

**Current Principal Place of Business:** 

402 NE 14TH AVE

CAPE CORAL, FL 33909

FILED Apr 29, 2025 Secretary of State 4606639250CC

## **Current Mailing Address:**

402 NE 14TH AVE

CAPE CORAL. FL 33909 US

FEI Number: 88-1189065 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

SHACKELFORD, MARDACHE 402 NE 14TH AVE CAPE CORAL, FL 33909 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: MARDACHE SHACKELFORD 04/29/2025

Electronic Signature of Registered Agent

Date

## Authorized Person(s) Detail:

Title AMBR

Name SHACKELFORD, MICHAEL D

Address 364 KINGSTON DR E

City-State-Zip: FORT MYERS FL 33905

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.

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: SHACKELFORD, MICHAEL D

**AMBR** 

04/29/2025