## 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: KRISTOPHER KELLEY

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L22000368605

### Entity Name: KELLEY'S COASTAL POOL SERVICES LLC

#### **Current Principal Place of Business:**

50 26TH ST. APALACHICOLA, FL 32320

### **Current Mailing Address:**

50 26TH ST. APALACHICOLA, FL 32320

# FEI Number: 88-3859511

# Name and Address of Current Registered Agent:

KELLEY, KRISTOPHER G 50 26TH ST APALACHICOLA, FL 32320 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

### Authorized Person(s) Detail :

Title	MGRM	Title	AUTHORIZED REPRESENTATIVE
Name	KELLEY, KRISTOPHER G	Name	TOPHAM, KIMBERLY PAULINE
Address	50 26TH AVE	Address	50 26TH AVE
City-State-Zip:	APALACHICOLA FL 32320	City-State-Zip:	APALACHICOLA FL 32320

REGISTERED AGENT

04/28/2024 Date

FILED Apr 28, 2024 Secretary of State 0972941925CC

Certificate of Status Desired: Yes

Date