

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000446049

**Entity Name:** KEILY FUENTES POOL SERVICES LLC

**Current Principal Place of Business:**

500 SW 11 AVE  
HOMESTEAD, FL 33030

**Current Mailing Address:**

500 SW 11 AVE  
HOMESTEAD, FL 33030

**FEI Number:** 93-3645640

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FUENTES, KEILY  
500 SW 11 AVE  
HOMESTEAD, FL 33030 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	Title	MGR
Name	FUENTES, KEILY	Name	ALONSO, DIANELYS
Address	500 SW 11 AVE	Address	500 SW 11 AVE
City-State-Zip:	HOMESTEAD FL 33030	City-State-Zip:	HOMESTEAD FL 33030

*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:** FUENTES , KEILY

**MGR**

**03/07/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date