

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L25000002809

**Entity Name:** PRIME POOL CARE LLC

**Current Principal Place of Business:**

5301 SILVER LEAF LANE  
SARASOTA, FL 34233

**Current Mailing Address:**

5301 SILVER LEAF LANE  
SARASOTA, FL 34233 UN

**FEI Number:** 33-2655489

**Certificate of Status Desired:** No

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

DEPALMA, MATTHEW  
5301 SILVER LEAF LANE  
SARASOTA, FL 34233 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           MANAGER  
Name           DEPALMA, MATTHEW  
Address       5301 SILVER LEAF LANE  
City-State-Zip: SARASOTA FL 34233

*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:** MATTHEW DEPALMA

**MANAGER**

**04/02/2025**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date