

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000059569

Entity Name: FIVE POOL LLC**Current Principal Place of Business:**1000 BRICKELL AVENUE, 400
MIAMI, FL 33131**Current Mailing Address:**1000 BRICKELL AVENUE, 400
MIAMI, FL 33131**FEI Number:** 27-0403472**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE MAINTENANCE SERVICES, LLC
1000 BRICKELL AVENUE, 400
MIAMI, FLORIDA, FL 33131 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 MGRM
Name GONZALEZ, OMAR
Address 2950 N.E. 188TH STREET NO. 132
City-State-Zip: AVENTURA FL 33180

Title MGRM
Name ONATE, MARIA LOURDES
Address 2950 N.E. 188TH STREET NO. 132
City-State-Zip: AVENTURA FL 33180

Title MGRM
Name GONZALEZ, SANTIAGO
Address 2950 N.E. 188TH STREET NO. 132
City-State-Zip: AVENTURA FL 33180

Title MGRM
Name GONZALEZ, GABRIEL
Address 2950 N.E. 188TH STREET NO. 132
City-State-Zip: AVENTURA FL 33180

Title MGRM
Name GONZALEZ, IGNACIO
Address 2950 N.E. 188TH STREET NO. 132
City-State-Zip: AVENTURA FL 33180

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: OMAR GONZALEZ**MANAGING MEMBER, BY** 03/23/2018
SARAH MEEHAN,
ATTORNEY-IN-FACT_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date