

**2014 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L12000061355

**Entity Name:** FIRST CHANCE POOL DISTRIBUTORS, LLC

**Current Principal Place of Business:**

101 E. OKEECHOBEE ROAD,  
BAY#2  
HIALEAH, FL 33010

**Current Mailing Address:**

101 E. OKEECHOBEE ROAD,  
BAY#2  
HIALEAH, FL 33010 US

**FEI Number:** 45-5219215

**Certificate of Status Desired:** No

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

CASTILLO, BARBARA  
101 E. OKEECHOBEE ROAD,  
BAY#2  
HIALEAH, FL 33010 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           MANAGING MEMBER  
Name           CASTILLO, BARBARA  
Address        101 E. OKEECHOBEE ROAD,  
                  BAY#2  
City-State-Zip: HIALEAH FL 33010

*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:** BARBARA CASTILLO

**MGR**

**05/08/2014**

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

\_\_\_\_\_  
Date