

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000022841

**Entity Name:** POOL CHICS LLC

**Current Principal Place of Business:**

1723 JOHN ROAD  
CLEWISTON, FL 33440

**Current Mailing Address:**

1723 JOHN ROAD  
CLEWISTON, FL 33440

**FEI Number:** 47-3359423

**Certificate of Status Desired:** Yes

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

STEWART, CHRISTINE L  
1723 JOHN ROAD  
CLEWISTON, FL 33440 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            AMBR  
Name            STEWART, CHRISTINE L  
Address        1723 JOHN ROAD  
City-State-Zip: CLEWISTON FL 33440

Title            AMBR  
Name            FOX, LORI  
Address        1723 JOHN ROAD  
City-State-Zip: CLEWISTON FL 33440

*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:** CHRISTINE L STEWART

**OWNER**

**04/03/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date