

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000162256

Entity Name: POOL CENTER PISCINAS LLC

Current Principal Place of Business:

5165 NORTHLAWN WAY
ORLANDO, FL 32811

Current Mailing Address:

5165 NORTHLAWN WAY
ORLANDO, FL 32811

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BLANCO MENDOZA, CARLOS J
5165 NORTHLAWN WAY
ORLANDO, FL 32811 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	MGRM
Name	BLANCO MENDOZA, CARLOS J	Name	ARRUDA, RUTE B
Address	5165 NORTHLAWN WAY	Address	5165 NORTHLAWN WAY
City-State-Zip:	ORLANDO FL 32811	City-State-Zip:	ORLANDO FL 32811

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: CARLOS JOSE BLANCO MENDOZA

MGR

08/22/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date