

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000228703

**Entity Name:** 2ND CHANCE CAMP LLC

**Current Principal Place of Business:**

4916 NW 55TH BLVD  
COCONUT CREEK, FL 33073

**Current Mailing Address:**

4916 NW 55TH BLVD  
COCONUT CREEK, FL 33073 UN

**FEI Number:** 84-4366537

**Certificate of Status Desired:** No

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

DE FARIA, WELLINGTON  
4916 NW 55TH BLVD  
COCONUT CREEK, FL 33073 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 P  
Name DE FARIA, WELLINGTON  
Address 4916 NW 55TH BLVD  
City-State-Zip: COCONUT CREEK FL 33073

Title VP  
Name DE FARIA, JAQUELINE  
Address 4916 NW 55TH BLVD  
City-State-Zip: COCONUT CREEK FL 33073

*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:** WELLINGTON DEFARIA

P

01/21/2020

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

\_\_\_\_\_  
Date