

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000173778

**Entity Name:** POOL DIVAS, LLC

**Current Principal Place of Business:**

417 NW 27TH ST  
WILTON MANORS, FL 33311

**Current Mailing Address:**

417 NW 27TH ST  
WILTON MANORS, FL 33311 US

**FEI Number: 82-2921899**

**Certificate of Status Desired: No**

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

GOSSETT, ANGIE  
417 NW 27TH ST  
WILTON MANORS, FL 33311 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	VP	Title	PRESIDENT
Name	SKAF, DANA	Name	GOSSETT, ANGELA
Address	417 NW 27TH ST	Address	417 NW 27TH ST
City-State-Zip:	WILTON MANORS FL 33311	City-State-Zip:	WILTON MANORS FL 33311

*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: DANA SKAF**

**VP**

**04/26/2018**

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

\_\_\_\_\_  
Date