

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000003116

Entity Name: POCKET7 LLC**Current Principal Place of Business:**907 BALAYE RIDGE CIRCLE
APT 303
TAMPA, FL 33619**Current Mailing Address:**907 BALAYE RIDGE CIRCLE
APT 303
TAMPA, FL 33619 US**FEI Number:** 45-4210348**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CHIDAVAENZI, MATTHEW T MR
907 BALAYE RIDGE CIRCLE
APT 303
TAMPA, FL 33619 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	CEO
Name	ROBERTS, JONATHAN A MR
Address	2715 BERRYKNOLL PLACE
City-State-Zip:	VALRICO FL 33596

Title	MGR
Name	BERROA-PRENSA, LUIS MR
Address	1257 LORNEWOOD DRIVE
City-State-Zip:	VALRICO FL 33596

Title	MGR
Name	BYNUM, WILLIAM JR
Address	9927 WINDSOR CLUB DRIVE
City-State-Zip:	RIVERVIEW FL 33578

Title	MGR
Name	CHIDAVAENZI, MATTHEW T MR
Address	907 BALAYE RIDGE CIRCLE
City-State-Zip:	TAMPA FL 33619

Title	MGR
Name	RODRIGUEZ, VINCENT MR
Address	1921 COCO MEADOW CIRCLE
City-State-Zip:	BRANDON FL 33511

Title	MGR
Name	BELL, NEIL JR
Address	301 PROVIDENCE ROAD
City-State-Zip:	BRANDON FL 33511

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: MATTHEW CHIDAVAENZI**MANAGER****04/28/2015**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date