

2017 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L12000003116

Entity Name: POCKET7 LLC**Current Principal Place of Business:**10019 COURTNEY PALMS BLVD
TAMPA, FL 33619**Current Mailing Address:**10019 COURTNEY PALMS BLVD
TAMPA, FL 33619 US**FEI Number:** 45-4210348**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CHIDAVAENZI, MATTHEW T MR
10019 COURTNEY PALMS BLVD
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:** MATTHEW CHIDAVAENZI

01/25/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title CEO
Name ROBERTS, JONATHAN A
Address 804 CAPE COD CIRCLE
City-State-Zip: VALRICO FL 33594

Title MGR
Name CHIDAVAENZI, MATTHEW T
Address 10019 COURTNEY PALMS BLVD
City-State-Zip: TAMPA FL 33619

Title MGR
Name COTO, DANIEL A
Address 2849 CONCH HOLLOW DR
City-State-Zip: BRANDON FL 33511

Title MGR
Name RODRIGUEZ, VINCENT
Address 3920 KING DR
City-State-Zip: BRANDON FL 33511

Title MGR
Name BYNUM, WILLIAM JR
Address 9927 WINDSOR CLUB DRIVE
APT. 201
City-State-Zip: RIVERVIEW FL 33578

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

01/25/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date