

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000184821

Entity Name: MT POCKET SOLUTIONS, LLC

Current Principal Place of Business:

4954 SW 76TH ST
MIAMI, FL 33143

Current Mailing Address:

4954 SW 76TH ST
MIAMI, FL 33143 US

FEI Number: 47-5683197

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOURE, KEVIN
4954 SW 76 STREET
MIAMI, FL 33143 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
Name MOURE, KEVIN
Address 4954 SW 76 STREET
City-State-Zip: MIAMI FL 33143

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: KEVIN MOURE

MANAGER

04/15/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date