

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000230385

Entity Name: POCKET CHANGE OF FLORIDA LLC

Current Principal Place of Business:

1695 COUNCIL WADE ROAD
TALLAHASSEE, FL 32310

Current Mailing Address:

1695 COUNCIL WADE ROAD
TALLAHASSEE, FL 32310

FEI Number: 81-4774614

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WADE, JOE
1695 COUNCIL WADE RD
TALLAHASSEE, FL 32310 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 WADE, JOE
Address 1695 COUNCIL WADE RD
City-State-Zip: TALLAHASSEE FL 32310

Title MGR
Name MORGAN, BERNARD JR
Address 1695 COUNCIL WADE RD
City-State-Zip: TALLAHASSEE FL 32310

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: JOE WADE

MGR

04/16/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date