

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000252264

Entity Name: THE POCKETBOOK CONSULTANTS LLC**Current Principal Place of Business:**9700 RESERVE BOULEVARD
PORT SAINT LUCIE, FL 34986**Current Mailing Address:**1819 SW NEWPORT ISLES BLVD
PORT ST LUCIE, FL 34953 US**FEI Number:** 87-2446816**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHATMAN, KHALILAH C
1819 SW NEWPORT ISLES BOULEVARD
PORT ST. LUCIE, FL 34953 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, AUTHORIZED MEMBER
Name CHATMAN, KHALILAH
Address 1819 SW NEWPORT ISLES
BOULEVARD
City-State-Zip: PORT ST. LUCIE FL 34953

Title MANAGER, AUTHORIZED
REPRESENTATIVE
Name CHATMAN, JAMES R
Address 1819 SW NEWPORT ISLES
BOULEVARD
City-State-Zip: PORT ST. LUCIE FL 34953

Title MANAGER, AUTHORIZED
REPRESENTATIVE
Name WALKER, MAKAIYA D
Address 1819 SW NEWPORT ISLES
BOULEVARD
City-State-Zip: PORT ST. LUCIE FL 34953

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: KHALILAH C. CHATMAN

MBR/MGR

04/29/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date