

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000297451

**Entity Name:** ST3POUT MOBILE SERVICES LLC

**Current Principal Place of Business:**

7124 S MILITARY TRAIL  
LAKE WORTH, FL 33463

**Current Mailing Address:**

586 UDELL LN  
DELRAY BEACH, FL 33445 US

**FEI Number:** 85-3308814

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

CADET, JAMESON  
586 UDEL LN  
DELRAY BEACH, FL 33445 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            AMBR  
Name            CADET, JAMESON  
Address        586 UDELL LN  
City-State-Zip: DELRAY BEACH FL 33445

*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:** JAMESON CADET

AMBR

04/05/2021

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date