	•			
226 7TH AVE N				
STPETERSBU	IRG, FL 33701			
Current Mai	iling Address:			
PO BOX 76	153			
ST. PETERS	SBURG, FL 33734 US			
FEI Number: 83-2971439 Certificate of Sta			Certificate of Status D	Desired: No
NI	Address of Current Registered Agent:			
Name and A				
JOHNSON, DA 226 7TH AVE N	VID			
JOHNSON, DA 226 7TH AVE N ST PETERSBU	VID NE	its registered office or regis	tered agent, or both, in the State o	of Florida.
JOHNSON, DA 226 7TH AVE N ST PETERSBL The above name	VID NE IRG, FL 33701 US	its registered office or regis	tered agent, or both, in the State o	of Florida. 04/20/2023
JOHNSON, DA 226 7TH AVE N ST PETERSBL The above name	VID NE IRG, FL 33701 US d entity submits this statement for the purpose of changing i	its registered office or regis	tered agent, or both, in the State c	
JOHNSON, DA 226 7TH AVE N ST PETERSBL The above name SIGNATUR	VID NE IRG, FL 33701 US d entity submits this statement for the purpose of changing in E: DAVID JOHNSON	its registered office or regis	tered agent, or both, in the State o	04/20/2023
JOHNSON, DA 226 7TH AVE N ST PETERSBL The above name SIGNATUR	VID NE IRG, FL 33701 US d entity submits this statement for the purpose of changing in E: DAVID JOHNSON Electronic Signature of Registered Agent	its registered office or regis	tered agent, or both, in the State o	04/20/2023
JOHNSON, DA 226 7TH AVE N ST PETERSBU The above name SIGNATURE Authorized	VID NE IRG, FL 33701 US d entity submits this statement for the purpose of changing is E: DAVID JOHNSON Electronic Signature of Registered Agent Person(s) Detail :			04/20/2023
JOHNSON, DA 226 7TH AVE N ST PETERSBU The above name SIGNATURE Authorized Title	VID NE IRG, FL 33701 US d entity submits this statement for the purpose of changing in E: DAVID JOHNSON Electronic Signature of Registered Agent Person(s) Detail : COO	Title	соо	04/20/2023

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: DAVID JOHNSON

COO

04/20/2023

Electronic Signature of Signing Authorized Person(s) Detail

Apr 20, 2023 Secretary of State 1885348732CC

FILED

Date

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000310841

Entity Name: POCKET PIMPED, LLC

Current Principal Place of Business: