

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000310841

**Entity Name:** POCKET PIMPED, LLC

**Current Principal Place of Business:**

4410 W. EUCLID AVE  
TAMPA, FL 33629

**Current Mailing Address:**

4410 W. EUCLID AVE  
TAMPA, FL 33629 US

**FEI Number:** 83-2971439

**Certificate of Status Desired:** Yes

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

JOHNSON, DAVID  
4410 W EUCLID AVE  
TAMPA, FL 33629 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:** DAVID JOHNSON

01/05/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	COO	Title	COO
Name	JOHNSON, DAVID	Name	TRIPLET, JACON
Address	4410 W. EUCLID AVE	Address	6921 GAILLARDIA DR NW
City-State-Zip:	TAMPA FL 33629	City-State-Zip:	ROCHESTER MN 55901

*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

01/05/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date