

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000402346

**Entity Name:** PLANTPOCKETS INTL LLC

**Current Principal Place of Business:**

5301 N FEDERAL HIGHWAY  
SUITE 204  
BOCA RATON, FL 33487

**FILED**  
**Apr 15, 2022**  
**Secretary of State**  
**3371693052CC**

**Current Mailing Address:**

5301 N FEDERAL HIGHWAY  
SUITE 204  
BOCA RATON, FL 33487 US

**FEI Number: 87-2610591**

**Certificate of Status Desired: No**

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

NAVALANCE, GREG  
5301 N FEDERAL HIGHWAY  
SUITE 204  
BOCA RATON, FL 33487 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 THE GLANCE GROUP LLC  
Address 5301 N FEDERAL HIGHWAY SUITE 204  
City-State-Zip: BOCA RATON FL 33487

Title MGR  
Name THE STONE BEAST LLC  
Address 4301 OAK CIRCLE SUITE 23  
City-State-Zip: BOCA RATON FL 33431

Title MGR  
Name GOODWATER SOLUTIONS LLC  
Address 934 CURREY ROAD SUITE 3  
City-State-Zip: NASHVILLE TN 37217

*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: GREG NAVALANCE**

**MGR**

**04/15/2022**

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

\_\_\_\_\_  
Date