

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000101190

Entity Name: POKATOTS LLC

FILED
May 04, 2009
Secretary of State

Current Principal Place of Business:

2917 BAYSHORE VISTA DR.
TAMPA, FL 33611 US

New Principal Place of Business:

Current Mailing Address:

2917 BAYSHORE VISTA DR.
TAMPA, FL 33611 US

New Mailing Address:

FEI Number: 20-5738756 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ANDREWS, STEPHANIE Z
2917 BAYSHORE VISTA DR.
TAMPA, FL 33611 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ANDREWS, STEPHANIE Z
Address: 2917 BAYSHORE VISTA DR.
City-St-Zip: TAMPA, FL 33611 US

Title: MGRM () Delete
Name: ANDREWS, JEANNE N
Address: 1497 REGENCY WALK DR.
City-St-Zip: DECATUR, GA 30033 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: STEPHANIE ANDREWS

MGRM

05/04/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date