

2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L10000091652

Entity Name: RECEIPT POCKET, LLC

FILED
Oct 14, 2011
Secretary of State

Current Principal Place of Business:

4323 BAYSIDE VILLAGE DR., APT 205
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

4323 BAYSIDE VILLAGE DR., APT 205
TAMPA, FL 33615

New Mailing Address:

FEI Number: 27-5233358

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

GUAL, STEPHANIE
4323 BAYSIVE VILLAGE DR
205
TAMPA, FL 33615 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: STEPHANIE GUAL

10/14/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: CEO
Name: GUAL, ISRAEL
Address: 4323 BAYSIDE VILLAGE DR., APT 205
City-St-Zip: TAMPA, FL 33615

Title: COO
Name: ABREU, IVAN
Address: 6415 EDEN LN
City-St-Zip: TAMPA, FL 33634

Title: CFO
Name: GUAL, STEPHANIE
Address: 4323 BAYSIDE VILALGE DR APT 205
City-St-Zip: TAMPA, FL 33615

I hereby 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: ISRAEL GUAL

CEO

10/14/2011

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