

2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L10000091652

Entity Name: RECEIPT POCKET, LLC

FILED
Oct 16, 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:

GUAL, STEPHANIE
4323 BAYSIDE VILLAGE DR
205
TAMPA, FL 33615 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: CEO
Name: GUAL, ISRAEL
Address: 4323 BAYSIDE VILLAGE 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

10/16/2011

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