

2014 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L12000003116

FILED
Feb 05, 2014
Secretary of State

Entity Name: POCKET7 LLC

Current Principal Place of Business:

6912 BROMPTON DR.
LAKELAND, FL 33809 US

New Principal Place of Business:

907 BALAYE RIDGE CIRCLE
APT 303
TAMPA, FL 33619 US

Current Mailing Address:

6912 BROMPTON DR.
LAKELAND, FL 33809 US

New Mailing Address:

907 BALAYE RIDGE CIRCLE
APT 303
TAMPA, FL 33619 US

FEI Number: 45-4210348

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD.
SUITE A
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

CHIDAVAENZI, MATTHEW T MR
907 BALAYE RIDGE CIRCLE
APT 303
TAMPA, FL 33619 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: MATTHEW T CHIDAVAENZI

02/05/2014

Electronic Signature of Registered Agent

Date

AUTHORIZED PERSONS:

Title: CEO
Name: ROBERTS, JONATHAN A MR
Address: 2715 BERRYKNOLL PLACE
City-St-Zip: VALRICO, FL 33596 US

Title: MGR
Name: CHIDAVAENZI, MATTHEW T MR
Address: 907 BALAYE RIDGE CIRCLE
City-St-Zip: TAMPA, FL 33619 US

Title: MGR
Name: BERROA-PRENSA, LUIS MR
Address: 1257 LORNEWOOD DRIVE
City-St-Zip: VALRICO, FL 33596 US

Title: MGR
Name: RODRIGUEZ, VINCENT MR
Address: 1921 COCO MEADOW CIRCLE
City-St-Zip: BRANDON, FL 33511 US

Title: MGR
Name: BYNUM, WILLIAM JR
Address: 9927 WINDSOR CLUB DRIVE
City-St-Zip: RIVERVIEW, FL 33578 US

Title: MGR
Name: BELL, NEIL JR
Address: 301 PROVIDENCE ROAD
City-St-Zip: BRANDON, FL 33511 US

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: MATTHEW T CHIDAVAENZI

MGR

02/05/2014

Electronic Signature of Authorized Person

Date