

**2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L18000202550

**Entity Name:** THE FOCKE ORGANIZATION, LLC

**Current Principal Place of Business:**

1000 E 5TH ST UNIT 605  
AUSTIN, TX 78702

**Current Mailing Address:**

3030 N. ROCKY POINT DRIVE  
SUITE 150A  
TAMPA, FL 33607

**FEI Number:** 83-2137663

**Certificate of Status Desired:** Yes

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

NORTHWEST REGISTERED AGENT LLC.  
7901 4TH STREET N,  
SUITE 300  
ST.PETERSBURG, FL 33702 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:** TOM GLOVER

10/16/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           FOCKE, OWEN HENRY  
Address       1000 E 5TH ST UNIT 605  
City-State-Zip: AUSTIN TX 78702

*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:** OWEN HENRY FOCKE

MANAGER

10/16/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date