

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000288333

**Entity Name:** HAUTE POCKETS LLC

**Current Principal Place of Business:**

4604 49TH STREET N  
STE. 1479  
ST. PETERSBURG, FL 33709

**Current Mailing Address:**

4604 49TH STREET N  
STE. 1479  
ST. PETERSBURG, FL 33709 US

**FEI Number:** 88-2990202

**Certificate of Status Desired:** No

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

CARBONARA, CHRISTINA  
4604 49TH STREET NORTH  
STE. 1479  
ST. PETERSBURG, FL 33709 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title            OWNER  
Name            CARBONARA, CHRISTINA  
Address        4604 49TH STREET NORTH  
                  STE. 1479  
City-State-Zip: ST. PETERSBURG FL 33709

*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:** CHRISTINA CARBONARA

**OWNER**

**03/08/2025**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date