

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000090184

**Entity Name:** BODESWELL, LLC

**Current Principal Place of Business:**

7550 WIMPY LANE  
TAMPA, FL 33625

**Current Mailing Address:**

7550 WIMPY LN  
TAMPA, FL 33625 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

LYNN, ADRIENNE D  
7550 WIMPY LN  
TAMPA, FL 33625 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	MGRM	Title	MANAGER
Name	LYNN, JACKIE R	Name	LYNN, ADRIENNE
Address	7550 WIMPY LN	Address	7550 WIMPY LN
City-State-Zip:	TAMPA FL 33625	City-State-Zip:	TAMPA FL 33625

*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:** ADRIENNE DEY LYNN

**MANAGER**

**02/13/2023**

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

\_\_\_\_\_  
Date