Certificate of Status Desired: Yes
office or registered agent, or both, in the State of Florida.
03/09/2023
Date
e VP
ne RICE, KELSI JO
Iress 9713 STRATUS DRIVE
-State-Zip: DRIPPING SPRINGS TX 78620
-State-ZIP: DRIPPING SPRINGS 1X 18620
-State-ZIP: DRIPPING SPRINGS IX 78620

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000179713

Entity Name: BOOSKI CONSULTING, LLC

Current Principal Place of Business:

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: LOGAN WILLIAM RICE

PRESIDENT

03/09/2023

FILED Mar 09, 2023

Secretary of State

7236942230CC

Electronic Signature of Signing Authorized Person(s) Detail