

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000087019

**Entity Name:** PROJECT BOSS, LLC

**Current Principal Place of Business:**

400 SOUTH ASHLEY DRIVE, SUITE 600  
TAMPA, FL 33602

**Current Mailing Address:**

136 GOLDEN GATE POINT, UNIT301  
SARASOTA, FL 34236

**FEI Number:** 47-3832477

**Certificate of Status Desired:** No

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

KIRSCHNER, GARY E  
136 GOLDEN GATE POINT, UNIT301  
SARASOTA, FL 34236 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 MGR  
Name INTERCO MANAGEMENT, INC.  
Address 136 GOLDEN GATE POINT, UNIT 301  
City-State-Zip: SARASOTA FL 34236

Title AMBR  
Name CHRIS KIRSCHNER, INC  
Address 400 SOUTH ASHLEY DRIVE, SUITE 600  
City-State-Zip: TAMPA FL 33602

Title AMBR  
Name BTMCS LLC  
Address 700 S HARBOUR ISLAND BLVD  
UNIT 844  
City-State-Zip: TAMPA FL 33602

Title AMBR  
Name TAMPA BAY TECHNOLOGIES, LLC  
Address 2183 GWYNHURST BOULEVARD  
City-State-Zip: WESLEY CHAPEL FL 33543

*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:** GARY KIRSCHNER

**MANAGER**

**03/30/2021**

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

\_\_\_\_\_  
Date