

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000105690

**Entity Name:** BOL ELCON, LLC

**Current Principal Place of Business:**

330 S PINEAPPLE AVE.  
110  
SARASOTA, FL 34236

**Current Mailing Address:**

330 S PINEAPPLE AVE.  
110  
SARASOTA, FL 34236

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

IVO TRAVNICEK, PA  
330 S PINEAPPLE AVE  
110  
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 AMBR  
Name JECMIK, DAVID  
Address 330 S PINEAPPLE AVE  
City-State-Zip: SARASOTA FL 34236

Title AMBR  
Name SKUHERSKA, IVETA  
Address 330 S PINEAPPLE AVE  
City-State-Zip: SARASOTA FL 34236

Title AMBR  
Name TRAVNICEK, IVO  
Address 330 S PINEAPPLE AVE.  
City-State-Zip: SARASOTA FL 34236

*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:** IVO TRAVNICEK

AMBR

04/22/2017

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

\_\_\_\_\_  
Date