

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000222868

**Entity Name:** BOMITO-4, LLC

**Current Principal Place of Business:**

4579 ALDER DRIVE  
PORT ORANGE, FL 32127

**Current Mailing Address:**

PO BOX 291664  
PORT ORANGE, FL 32129 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

SVAHN, ROBERT R  
4579 ALDER DRIVE  
PORT ORANGE, FL 32127 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                 | Title           | AMBR                 |
| Name            | SVAHN, ROBERT R      | Name            | SVAHN, ANTHONY M     |
| Address         | 4579 ALDER DRIVE     | Address         | 919 SAMMS AVE        |
| City-State-Zip: | PORT ORANGE FL 32127 | City-State-Zip: | PORT ORANGE FL 32129 |

*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:** ROBERT R SVAHN

**REGISTERED AGENT**

**03/04/2020**

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

\_\_\_\_\_  
Date