

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000291613

Entity Name: BOSSO, IMHOF AND VICK, LLC**Current Principal Place of Business:**1329 E HATTON ST
PENSACOLA, FL 32503**Current Mailing Address:**698 EAST HEINBERG
SUITE 103
PENSACOLA, FL 32502 US**FEI Number:** 84-3778033**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VICK, ARTHUR
1309 E. HATTON ST.
PENSACOLA, FL 32503 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	VICK, ARTHUR
Address	1329 E. HATTON ST. s
City-State-Zip:	PENSACOLA FL 32503

Title	AMBR
Name	BUTLER, WILL
Address	1224 DEXTAR AVENUE
City-State-Zip:	PENSACOLA FL 32507

Title	AMBR
Name	BOSSO, CHRISTOPHER T
Address	4041 MOONRAKER DRIVE
City-State-Zip:	PENSACOLA FL 32507

Title	AMBR
Name	VICK, GRAY
Address	1224 DEXTAR AVENUE
City-State-Zip:	PENSACOLA FL 32507

Title	AMBR
Name	IMHOF, PATRICK JR
Address	1170 ELLISON DRIVE
City-State-Zip:	PENSACOLA FL 32503

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: ARTHUR VICK**MANAGER****04/05/2023**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date