

**2024 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L20000098340

**Entity Name:** BO\$\$ OF ALL BO\$\$E\$ LLC

**Current Principal Place of Business:**

811 CITRUS ST  
ORLANDO, FL 32805

**Current Mailing Address:**

811 CITRUS ST  
ORLANDO, FL 32805 US

**FEI Number:** 86-1887192

**Certificate of Status Desired:** No

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

JOSEPH, CHANDALEIR  
811 CITRUS ST  
ORLANDO, FL 32805 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:** CHANDALEIR JOSEPH

02/23/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name RINCON, VALERIA  
Address 5249 YAUPON ST  
City-State-Zip: ORLANDO FL 32811

*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:** VALERIA RINCON

02/23/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date