# 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: KHRYSTAL ROBINSON

PRESIDENT

Electronic Signature of Signing Authorized Person(s) Detail

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L22000004594

Entity Name: KHRYSTAL BOONE-ROBINSON, LLC

### **Current Principal Place of Business:**

4907 STEYR ST ORLANDO, FL 32819

### **Current Mailing Address:**

10450 TURKEY LAKE RD 690801 ORLANDO, FL 32869 US

## FEI Number: 87-4203163

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

ROBINSON, KHRYSTAL 4907 STEYR ST ORLANDO, FL 32819 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,

#### SIGNA

#### Autho

Title	AR	Title	AMBR	
Name	ROBINSON, KHRYSTAL	Name	ROBINSON, PATRICK	
Address	4907 STEYR ST	Address	4907 STEYR ST	
City-State-Zip:	ORLANDO FL 32819	City-State-Zip:	ORLANDO FL 32819	

ove named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida.						
ATURE:						
	Electronic Signature of Registered Agent					
orized Person(s) Detail :						
A	AR	Title	AMBR			
F	ROBINSON, KHRYSTAL	Name	ROBINSON, PATRICK			
-						

01/20/2023

## FILED Jan 20, 2023 Secretary of State 7268574257CC

Date

Certificate of Status Desired: Yes

Date