

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000169344

**Entity Name:** BLACK OWNED BUSINESSES JACKSONVILLE, LLC

**Current Principal Place of Business:**

5501 WESCONNETT BLVD  
SUITE 14785  
JACKSONVILLE, FL 32238

**Current Mailing Address:**

5501 WESCONNETT BLVD  
SUITE 14785  
JACKSONVILLE, FL 32238

**FEI Number:** 88-1945831

**Certificate of Status Desired:** No

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

BOYER, SHAWANA  
5501 WESCONNETT BLVD  
SUITE 14785  
JACKSONVILLE, FL 32238 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            PRES  
Name            BOYER, SHAWANA  
Address        5501 WESCONNETT BLVD, SUITE  
                  14785  
City-State-Zip: JACKSONVILLE FL 32238

*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:** SHAWANA BOYER

**PRESIDENT**

**04/10/2023**

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

\_\_\_\_\_  
Date