

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000354197

**Entity Name:** TAKE MY BOAT TEST LLC

**Current Principal Place of Business:**

50 HILL AVE NW  
FORT WALTON BEACH, FL 32548

**Current Mailing Address:**

4375 S VALLEY VIEW BLVD  
SUITE G  
LAS VEGAS, NV 89103 US

**FEI Number:** 88-3684297

**Certificate of Status Desired:** No

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

ONEIL, KEVIN  
6945 LEISURE ST  
NAVARRE, FL 32566 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  
Name EDWARDS, STEVE  
Address 4375 S VALLEY VIEW BLVD  
SUITE G  
City-State-Zip: LAS VEGAS NV 89103

Title AMBR  
Name ONEIL, KEVIN  
Address 6945 LEISURE ST  
City-State-Zip: NAVARRE FL 32566

Title AMBR  
Name ROZENTULER, ILYA  
Address 101 OLD FERRY RD  
#24B  
City-State-Zip: SHALLIMAR FL 32579

*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:** STEVE EDWARDS

**MANAGING MEMBER**

**02/16/2024**

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

\_\_\_\_\_  
Date