LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

1. Entity Name

L00000009046

BO-MA, LLC



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2. Principal I	Place of Business	3. Mailing Address	**************************************		Ï			
17152 Mandy Lynn Court		17152 Mandy Lynn Court						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
		<u> </u>						_
City & State Boca Raton, Florida		City & State Boca Raton, Florida		4. FE) Number		Applied For Not Applicab	e	
3 349 6	Country USA	33496	Count USA		5. Certificate of Status Desired	₩	\$5.00 Additional Fee Required	
					7. Name and Address of Current	Register	ed Agent	
W TOM OC		~****		Comporation Service Company				
		KINE.		Signal Address (I	ss (P.O. Box Number is Not Acceptable)			
	in this sp	ACC.		1201 hays	arrec			
				fallahass	ee	F	L 32301°	
	a named entity submits this statement for tions of registered agent.	the purpose of chang	aing its registere	d office or registers	ed agent, or both, in the State of Flor	ida. I am	familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent a	nd tills if Applicable				DATE		ı
		<u> </u>						_
		Mark Charles			:22000ء	92	rysu	ı
9.	MANAGING MEMBER	RS/MANAGERS				3777 TG		312
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SMAN	Yudell, Jane		JAM	፲ ጵል ለ፲፰ እ <u>ም</u> እንደሚከተለ				N
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption statled in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

BIGNATURE AND TYPED ON PRINTED NAME OF BIONING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE