

L25000030413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

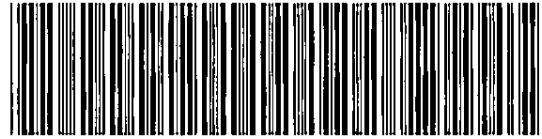
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Rec'd 5-15-25

Office Use Only



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02/28/25--01022--022 **35.00

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2025 MAY 15 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FM
5-20-25



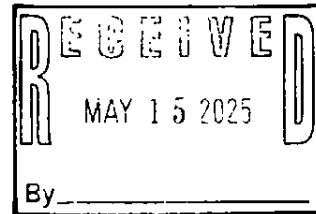
FLORIDA DEPARTMENT OF STATE
Division of Corporations

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2025 MAY 15 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 8, 2025

ROBERT SMETANA JR
505 SW 15TH TER
CAPE CORAL, FL 33991

SUBJECT: BOLD RECREATION LLC
Ref. Number: L25000030413



We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You have submitted the wrong forms. Complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

Frederica S McCloud
Document Specialist

Letter Number: 025A00007434

* Hi, please find the documents you sent enclosed.
Also, I'd like to request the \$10.00 for over payment
mailed to us. Please see the front & back copy of
our deposited payment. Thank You!

Please call if you have any questions. 440.384.0322

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bold Recreation LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Smetana Jr.
Name of Person

Bold Recreation LLC
Firm/Company

505 SW 15th Ter
Address

Cape Coral, FL 33991
City/State and Zip Code

bob@bolddesignsrecreation.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Smetana Jr. at (440) 384.0322
Name of Person Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- \$25 Filing Fee \$55 Filing Fee & Certified Copy

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2025 MAY 15 PM 2:40
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TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Bold Recreation LLC

2. (a) <u>Principal office address of limited liability company:</u> (Note: MUST BE STREET ADDRESS) <u>505 SW 15th Ter</u> <u>Cape Coral, FL 33991</u>	(b) <u>Mailing address of limited liability company:</u> (Note: MAY BE POST OFFICE BOX) <u>505 SW 15th Ter</u> <u>Cape Coral, FL 33991</u>
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3. <u>1/16/25</u> Date of filing/registration in Florida	4. <u>L 25000030413</u> Document number
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5. (a) Robert Smetana Jr. Bold Recreation LLC
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
505 SW 15th Ter
Cape Coral, FL 33991

(b) Jonathan Semrick
 Enter name of **NEW** Registered Agent and/or **NEW** Registered Office address:
218 SW 25th Ave
Cape Coral, FL 33991

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 2025 MAY 15 PM 2:40
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Robert Smetana Jr.
 Signature of a member or authorized representative of a member

Robert Smetana Jr.
 Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
 Signature of Registered Agent



Front Back

SAVE, PRINT OR EMAIL

J SONS REMODELING INC
PO BOX 152015
CAPE CORAL, FL 33915-2015

2-8-25
DATE

1541
6327/8211 H
248172

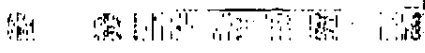
Pay To The Order Of Florida Department of State \$ 35⁰⁰/₁₀₀

Thirty-Five NO/cent Dollars

BANK OF AMERICA

ACH Ref: 06310277
125000030413

For LT Bold Recreation LLC

Front Back

SAVE, PRINT OR EMAIL

0511002???

1546

229012771081

J SORS REMOCELL, C INC

Security Features exceed industry standards and include:

- Imagination: Matching account and check number on back (Patent # 6,740,041) 0890275906
- MobileMark S: Mobile Deposit check mark to indicate check has been deposited via mobile device
- The Security Weaver: pattern on back designed to deter fraud
- Microprint (MP) lines printed on front and back
- The words "ORIGINAL DOCUMENT" across the back
- Photo Safe Depositor icon visible on front and back

Do not cash it.

- Any of the features listed above are missing or appear altered
- Fugitive ink on back looks pink or has disappeared
- Brown stains or colored spots appear on both front and back

ENDORSE HERE

DOS-4500452-4825443755

X DEPOSIT ONLY-35:00

02/28/25-01022-022

CHECK BOX FOR MOBILE/REMOTE DEPOSIT

WRITE NAME OF FINANCIAL INSTITUTION ON LINE AS