

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000000231

**Entity Name:** BORED ROOM, LLC.

**Current Principal Place of Business:**

49 WEST GRANADA BLVD  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

56 NEW BRITIAN AVE  
ORMOND BEACH, FL 32174 US

**FEI Number:** 46-1664249

**Certificate of Status Desired:** No

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

WAKEFIELD, KEVIN  
886 RIVERSIDE DRIVE  
ORMOND BEACH, FL 32176 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:** KEVIN WAKEFIELD

03/28/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            OWNER  
Name            WAKEFIELD, KEVIN  
Address        886 RIVERSIDE DRIVE  
City-State-Zip: ORMOND BEACH FL 32176

*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:** KEVIN WAKEFIELD

OWNER

03/28/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date