## 2025 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L15000162712

**Entity Name: BOCICOT ENTERPRISE** 

**Current Principal Place of Business:** 

1578 SE PORT ST LUCIE BLVD PORT ST. LUCIE, FL 34952

## **Current Mailing Address:**

1578 SE PORT ST LUCIE BLVD PORT ST. LUCIE, FL 34952 US

FEI Number: 47-5191257 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

THOLES, BOCICOT 3619 SW BALLWEG ST PORT SAINT LUCIE, FL 34953 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: THOLES BOCICOT 09/29/2025

Electronic Signature of Registered Agent

Date

FILED Sep 29, 2025

**Secretary of State** 

4974496354CC

## Authorized Person(s) Detail:

Title AMBR

Name BOCICOT, ROSANA SAINT PHILIPPE

Address 3619 SW BALLWEG ST
City-State-Zip: PORT ST LUCIE FL 34953

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.

**AMBR** 

SIGNATURE: ROSANA S BOCICOT