

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000268604

**Entity Name:** BONEY INVESTMENT KINGDOM ENTERPRISES, LLC**Current Principal Place of Business:**1391 NW ST. LUCIE WEST BLVD  
PORT ST. LUCIE, FL 34986**Current Mailing Address:**849 S. KINGS HWY  
FORT PIERCE, FL 34945 US**FEI Number:** 85-2170192**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BONEY, MARLENE  
851 S. KINGS HWY  
FT. PIERCE, FL 34945 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:** MARLENE BONEY

04/29/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name BONEY, MARLENE  
Address 851 S. KINGS HWY  
City-State-Zip: FT. PIERCE FL 34945

Title MGR  
Name BONEY, REJOICE  
Address 8428 COBBLESTONE DR  
City-State-Zip: FORT PIERCE FL 34945

Title AMBR  
Name BONEY, CARMEN  
Address 5505 JAMBOREE DR.  
City-State-Zip: FT. PIERCE FL 34947

Title AMBR  
Name BONEY, J M  
Address 5505 JAMBOREE DR.  
City-State-Zip: FORT PIERCE FL 34947

Title AMBR  
Name BONEY, JOHANNA  
Address 5109 JOYOUS PLACE  
City-State-Zip: FORT PIERCE FL 34947

Title AMBR  
Name BONEY, CARINA  
Address 5505 JAMBOREE DR.  
City-State-Zip: FT. PIERCE FL 34947

Title AMBR  
Name BONEY, SONIA  
Address 5505 JAMBOREE DR  
City-State-Zip: FT. PIERCE FL 34947

*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:** MARLENE BONEY

MGR

04/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date