

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000164953

**Entity Name:** BO & CO NP, LLC

**Current Principal Place of Business:**

11745 NE HWY 315  
FORT MCCOY, FL 32134

**Current Mailing Address:**

PO BOX 4500  
OCALA, FL 34478 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

SCHOELER, JODI J  
2240 N PINE AVE  
OCALA, FL 34475 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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	SCHOELER, JEFFERY A	Name	SCHOELER, JODI J
Address	PO BOX 4500	Address	PO BOX 4500
City-State-Zip:	OCALA FL 34478	City-State-Zip:	OCALA FL 34478

*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:** JODI SCHOELER

**MGR**

**04/30/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date