

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000464755

**Entity Name:** BARE BONES PHOTOGRAPHY, LLC

**Current Principal Place of Business:**

11101 CAMPFIELD ROAD  
BROOKSVILLE, FL 34614

**Current Mailing Address:**

11101 CAMPFIELD ROAD  
BROOKSVILLE, FL 34614 US

**FEI Number:** 87-3261875

**Certificate of Status Desired:** No

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

SCHWARZ, DOMINIQUE  
11101 CAMPFIELD ROAD  
BROOKSVILLE, FL 34614 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 PDST  
Name SCHWARZ, DOMINIQUE  
Address 11101 CAMPFIELD ROAD  
City-State-Zip: BROOKSVILLE FL 34614

*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:** DOMINIQUE SCHWARZ

PDST

03/19/2025

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date