

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000041981

**Entity Name:** BLACK OPS BUSINESS SERVICES LLC

**Current Principal Place of Business:**

1329 KINSINGTON COURT  
ST. AUGUSTINE, FL 32084

**Current Mailing Address:**

1329 KINSINGTON COURT  
ST. AUGUSTINE, FL 32084 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

THOMAS, TERRI L  
1329 KINSINGTON COURT  
ST. AUGUSTINE, FL 32084 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 AMBR  
Name THOMAS, ROBERT C JR.  
Address 1329 KINSINGTON COURT  
City-State-Zip: ST. AUGUSTINE FL 32084

Title AMBR  
Name THOMAS, TERRI L  
Address 1329 KINSINGTON COURT  
City-State-Zip: ST. AUGUSTINE FL 32084

*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:** TERRI THOMAS

AMBR

04/26/2025

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

\_\_\_\_\_  
Date