

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000543801

**Entity Name:** CHERI BONE ENTERPRISES LLC

**Current Principal Place of Business:**

13556 PERDIDO KEY DR  
PENSACOLA, FL 32507

**Current Mailing Address:**

13556 PERDIDO KEY DR  
PENSACOLA, FL 32507 UN

**FEI Number:** 93-4783775

**Certificate of Status Desired:** Yes

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

BONE, CHERI  
13556 PERDIDO KEY DR  
PENSACOLA, FL 32507 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  
Name BONE, CHERI  
Address 13556 PERDIDO KEY DR  
City-State-Zip: PENSACOLA FL 32507

*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:** MS. CHERI BONE

**MANAGER / OWNER**

**01/31/2025**

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

\_\_\_\_\_  
Date