

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M22000010270

**Entity Name:** PASSWORD BOSS LLC

**Current Principal Place of Business:**

4925 INDEPENDENCE PKWY., STE. 400  
TAMPA, FL 33634

**Current Mailing Address:**

4925 INDEPENDENCE PKWY., STE. 400  
TAMPA, FL 33634 US

**FEI Number:** 85-3138335

**Certificate of Status Desired:** No

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

KOCHE, DAVID L  
601 BAYSHORE BLVD., STE. 700  
TAMPA, FL 33606 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	BELLINI, DAVID	Name	MCCALLUM, DREW
Address	4925 INDEPENDENCE PKWY., STE. 400	Address	4925 INDEPENDENCE PKWY., STE. 400
City-State-Zip:	TAMPA FL 33634	City-State-Zip:	TAMPA FL 33634
Title	MGR	Title	MGR
Name	WISE, STEPHEN P	Name	SLUTSKIN, ADAM
Address	4925 INDEPENDENCE PKWY., STE. 400	Address	4925 INDEPENDENCE PKWY., STE. 400
City-State-Zip:	TAMPA FL 33634	City-State-Zip:	TAMPA FL 33634

*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:** BELLINI, DAVID

**MANAGER**

**01/10/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date