

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000000498

**Entity Name:** BLACK LAB LACROSSE, INC

**Current Principal Place of Business:**

9893 DAISY AVE  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

9893 DAISY AVE  
PALM BEACH GARDENS, FL 33410 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

HOLLY O'NEILL, ESQ.  
C/O BROAD AND CASSEL LLP  
ONE NORTH CLEMATIS STREET, SUITE 500  
WEST PALM BEACH, FL 33401 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

**Officer/Director Detail :**

Title DIR  
Name MOE, JUSTIN  
Address 9393 DAISY AVENUE  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title DIR  
Name MOE, TIFFANY  
Address 9393 DAISY AVENUE  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title DIR  
Name MAY, AFTON  
Address 835 GREENBRIAR DRIVE  
City-State-Zip: LAKE PARK FL 33403

Title DIR  
Name MAY, ROBERT  
Address 835 GREENBRIAR DRIVE  
City-State-Zip: LAKE PARK FL 33403

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JUSTIN MOE

**DIRECTOR**

**04/30/2019**

Electronic Signature of Signing Officer/Director Detail

Date