

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000059900

**Entity Name:** BLACK OPS LLC

**Current Principal Place of Business:**

7815 WEST 4TH AVENUE  
HIALEAH, FL 33014

**Current Mailing Address:**

7815 WEST 4TH AVENUE  
HIALEAH, FL 33014 US

**FEI Number:** 27-0412734

**Certificate of Status Desired:** No

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

RICCOBONO, ROBERT J  
7815 WEST 4TH AVENUE  
HIALEAH, FL 33014 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:** ROBERT RICCOBONO

03/25/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGMR  
Name GARCIA, CARL J  
Address 7815 WEST 4TH AVENUE  
City-State-Zip: HIALEAH FL 33014

Title AUTHORIZED MEMBER  
Name RICCOBONO, ROBERT  
Address 7815 WEST 4TH AVENUE  
City-State-Zip: HIALEAH FL 33014

Title AUTHORIZED MEMBER  
Name GARCIA, LOUIS J  
Address 7815 WEST 4TH AVENUE  
City-State-Zip: HIALEAH FL 33014

*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:** ROBERT RICCOBONO

**PARTNER**

03/25/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date