

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000063136

**Entity Name:** BLACK GROVE STABLES LLC

**Current Principal Place of Business:**

30833 ST JOE ROAD  
DADE CITY , FL 33525

**Current Mailing Address:**

30833 ST JOE ROAD  
DADE CITY , FL 33525 US

**FEI Number:** 45-2606584

**Certificate of Status Desired:** No

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

BLACK, KRISTA  
30833 ST JOE ROAD  
DADE CITY , FL 33525 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            MGRM  
Name            BLACK, KRISTA  
Address        30833 ST JOE ROAD  
City-State-Zip: DADE CITY FL 33525

*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:** KRISTA BLACK

**MANAGER**

**03/31/2024**

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

\_\_\_\_\_  
Date