## 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000138515

Entity Name: BLACKBOAT MANIFEST, LLC

**Current Principal Place of Business:** 

402 SW JEANNE AVE PORT ST LUCIE, FL 34953

**Current Mailing Address:** 

**402 SW JEANNE AVE** 

PORT ST LUCIE. FL 34953 US

FEI Number: 45-4010301 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOSSETT, RICHARD R 402 SW JEANNE AVE PORT ST LUCIE, FL 34953 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

**FILED** Mar 04, 2019

**Secretary of State** 

0767260703CC

Authorized Person(s) Detail:

Title MANAGER Title MANAGER

GOSSETT, RICHARD Name GOSSETT, PAULA Name 402 SW JEANNE AVE Address 402 SW JEANNE AVE Address

City-State-Zip: PORT ST LUCIE FL 34953 City-State-Zip: PORT ST LUCIE FL 34953

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.

**MANAGER** 

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: RICHARD GOSSETT

03/04/2019 Date