

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000071332

Entity Name: BLACK DIMEMOND, LLC

Current Principal Place of Business:

401 MONUMENT RD. #88
JACKSONVILLE, FL 32225

Current Mailing Address:

P.O. BOX 350157
JACKSONVILLE, FL 32235

FEI Number: 45-3610378

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

RENSHAW, CAMILLE
401 MONUMENT RD. #88
JACKSONVILLE, FL 32225 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 RENSHAW, CYPRIAN R
Address 401 MONUMENT RD. #88
City-State-Zip: JACKSONVILLE FL 32225

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CYPRIAN RENSHAW

MANAGER

04/11/2013

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date