## 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000071332

Entity Name: BLACK DIMEMOND, LLC

**Current Principal Place of Business:** 

8231 PRINCETON SQ. BLVD W

#308

JACKSONVILLE, FL 32256

**Current Mailing Address:** 

P.O. BOX 350157 JACKSONVILLE, FL 32235

FEI Number: 45-3610378 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RENSHAW, CAMILLE 8231 PRINCETON SQ. BLVD W #308 JACKSONVILLE, FL 32256 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 20, 2014

**Secretary of State** 

CC4098939172

## Authorized Person(s) Detail:

Title MGRM

Name RENSHAW, CYPRIAN R

Address 8231 PRINCETON SQ. BLVD W

#308

City-State-Zip: JACKSONVILLE FL 32256

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: CYPRIAN RENSHAW

Electronic Signature of Signing Authorized Person(s) Detail

MANAGER

03/20/2014

Date