

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000103940

**Entity Name:** BLACK ORCHID ASSETS & INVESTMENTS MANAGEMENT, LLC.

**Current Principal Place of Business:**

14359 MIRAMAR PARKWAY  
#349  
MIRAMAR, FL 33027

**Current Mailing Address:**

14359 MIRAMAR PARKWAY  
#349  
MIRAMAR, FL 33027 US

**FEI Number:** 46-0771430

**Certificate of Status Desired:** Yes

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

SCIARRETTA, STEVEN AESQUIRE  
2799 NW BOCA RATON BLVD  
SUITE 203  
BOCA RATON, FL 33431 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 MGR  
Name LUCIA, LIMA  
Address 14359 MIRAMAR PARKWAY #349  
City-State-Zip: MIRAMAR FL 33027

Title AUTHORIZED REPRESENTATIVE  
Name PELICIOTTI, NORBERTO  
Address 14359 MIRAMAR PARKWAY  
#349  
City-State-Zip: MIRAMAR FL 33027

*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:** LUCIA LIMA

**MGR**

**04/21/2016**

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

\_\_\_\_\_  
Date