

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000086700

Entity Name: THE BLACK LABEL GROUP, LLC

Current Principal Place of Business:

51 E JEFFERSON STREET
#1242
ORLANDO, FL 32802

FILED
Apr 30, 2018
Secretary of State
CC4873952826

Current Mailing Address:

PO BOX 1242
ORLANDO, FL 32802 US

FEI Number: 27-3817449

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TRIBUE, JAMES A III
51 E JEFFERSON STREET
#1242
ORLANDO, FL 32802 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 TRIBUE, JAMES A III
Address 51 E JEFFERSON STREET
#1242
City-State-Zip: ORLANDO FL 32802

Title MGRM
Name TRIBUE, BRYAN
Address 925 WOODEN BLVD
City-State-Zip: ORLANDO FL 32805

Title MGRM
Name BRIGHT, MICHAEL
Address PO BOX 561646
City-State-Zip: ORLANDO FL 32856

Title MGRM
Name ALEEM, JONATHAN K
Address 3849 OCITA DRIVE
City-State-Zip: ORLANDO FL 32837

Title MGRM
Name IVORY, CALVIN E JR.
Address 204 GARDEN COVE CT
City-State-Zip: ORLANDO FL 32835

Title AUTHORIZED MEMBER
Name CLAYTON, TRAVIS
Address 5112 W LIVINGSTON STREET
City-State-Zip: ORLANDO FL 32811

Title AUTHORIZED MEMBER
Name CRUZ, JOHNATHAN
Address 4537 CEPEDA STREET
City-State-Zip: ORLANDO FL 32811

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: JAMES A TRIBUE III

MANAGING PARTNER

04/30/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date