

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000086700

**Entity Name:** THE BLACK LABEL GROUP, LLC

**Current Principal Place of Business:**

320 N MAGNOLIA AVENUE  
UNIT A-10  
ORLANDO, FL 32801

**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  
320 N MAGNOLIA AVENUE  
UNIT A-10  
ORLANDO, FL 32801 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 CLAYTON, TRAVIS  
Address 5112 W LIVINGSTON 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**

**04/30/2023**

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

\_\_\_\_\_  
Date