

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000088568

**Entity Name:** BLACK SAIL PROPERTY MANAGEMENT, LLC

**Current Principal Place of Business:**

100 S. ASHLEY  
SUITE 600  
TAMPA, FL 33603

**FILED**  
**Jan 27, 2016**  
**Secretary of State**  
**CC0804936765**

**Current Mailing Address:**

100 S. ASHLEY  
SUITE 600  
TAMPA, FL 33603 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 BLACK SAIL, LLC  
Address 100 S. ASHLEY  
ATTN: DOUGLAS MUELLER SUITE 600  
  
City-State-Zip: TAMPA FL 33603

*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: DOUGLAS MUELLER**

**MANAGER**

**01/27/2016**

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

\_\_\_\_\_ Date