

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000095643

**Entity Name:** BLACK RUBY ENTERPRISES, LLC

**Current Principal Place of Business:**

6600 W ATLANTIC AVENUE  
DELRAY BEACH, FL 33446

**Current Mailing Address:**

5101 NW 21ST AVE., STE. 301  
C/O WOLFER & CO  
FORT LAUDERDALE, FL 33309 US

**FEI Number:** 47-1101521

**Certificate of Status Desired:** No

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

WOLFER, ROBIN  
5101 NW 21ST AVE.  
SUITE 301  
FORT LAUDERDALE, FL 33309 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 AMBR  
Name SCHWARTZ, JUSTIN  
Address 16 OAKLEY PLACE  
City-State-Zip: GREAT NECK NY 11020

Title AMBR  
Name RUBENSTEIN, ADAM  
Address 71 POST HILL RD  
City-State-Zip: MOUNTAINDALE NY 12763

*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:** JUSTIN SCHWARTZ

AMBR

04/29/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date