

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000128150

**Entity Name:** BLACK MOUNTAIN STAGING AREA, LLC

**Current Principal Place of Business:**

870 KEYES AVENUE  
WINTER PARK, FL 32789

**Current Mailing Address:**

870 KEYES AVENUE  
WINTER PARK, FL 32789

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

MEIER, GREGORY W ESQ  
SHUFFIELD,LOWMAN & WILSON, PA  
1000 LEGION PLACE, STE 1700  
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           MANAGER  
Name           RUPP, KATHRYN C MORRIS  
Address        870 KEYES AVENUE  
City-State-Zip: WINTER PARK FL 32789

*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:** KATHRYN C. MORRIS RUPP

MANAGER

04/07/2017

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

\_\_\_\_\_ Date