

2017 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L16000142945

Entity Name: BLACK SAILS I PRIMA VISTA, LLC

Current Principal Place of Business:

529 NW PRIMA VISTA BLVD
PORT SAINT LUCIE, FL 34983

Current Mailing Address:

1391 NW ST. LUCIE WEST BLVD #366
PORT SAINT LUCIE, FL 34986 US

FEI Number: 81-3793551

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BECHT, EDWARD W
321 SOUTH SECOND STREET
FORT PIERCE, FL 34950 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	Title	MANAGER
Name	RUSSO, CHRIS	Name	ROWE, JACK THOMAS
Address	1391 NW ST. LUCIE WEST BLVD #366	Address	1391 NW ST. LUCIE WEST BLVD #366
City-State-Zip:	PORT SAINT LUCIE FL 34986	City-State-Zip:	PORT SAINT LUCIE FL 34986

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: CHRIS RUSSO

MANAGER

06/12/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date