

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000151872

**Entity Name:** BLACK MAMBA K9, LLC

**Current Principal Place of Business:**

6369 EMERSON RD.  
BROOKSVILLE, FL 34601

**Current Mailing Address:**

6369 EMERSON RD.  
BROOKSVILLE, FL 34601 US

**FEI Number:** 81-3791226

**Certificate of Status Desired:** No

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

ENCOMPASS BUSINESS SERVICES, LLC  
5509 GRAND BLVD.  
STE 304  
NEW PORT RICHEY, FL 34652 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	AMBR
Name	ANTHONY, JENNIFER	Name	ANTHONY, ROBERT
Address	6369 EMERSON RD.	Address	6369 EMERSON RD.
City-State-Zip:	BROOKSVILLE FL 34601	City-State-Zip:	BROOKSVILLE FL 34601

*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:** JENNIFER ANTHONY

**MGR**

**05/01/2017**

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

\_\_\_\_\_  
Date