I hereby certify that the information indicated on this report or supplemental report is true and ac oath; that I am a managing member or manager of the limited liability company or the receiver of that my name appears above, or on an attachment with all other like empowered.		
SIGNATURE: CARLOS SUAREZ	MGR	10/26/2021

- SIGNATURE: CARLOS SUAREZ Electronic Signature of Registered Agent

# Authorized Person(s) Detail :

MGR	Title	MGR	
SUAREZ, CARLOS A	Name	SUAREZ, PATRICIA	
5670 NW 116 AVE #227	Address	5670 NW 116 AVE #227	
DORAL FL 33178	City-State-Zip:	DORAL FL 33178	
	MGR SUAREZ, CARLOS A 5670 NW 116 AVE #227	MGRTitleSUAREZ, CARLOS AName5670 NW 116 AVE #227Address	

#### 2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L19000267012

Entity Name: BLACK SWAN HOME GROUP LLC

### **Current Principal Place of Business:**

1900 SW 57 AVE MIAMI, FL 33155

### **Current Mailing Address:**

5670 NW 116 AVE 227 DORAL, FL 33178 US

## FEI Number: 87-2626568

### Name and Address of Current Registered Agent:

SUAREZ, CARLOS A

5670 NW 116 AVE 227

DORAL, FL 33178 US

FILED Oct 26, 2021 Secretary of State 7896115207CC

> 10/26/2021 Date

Certificate of Status Desired: No

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.

Electronic Signature of Signing Authorized Person(s) Detail