

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000178162

**Entity Name:** BLACK CARD SECURITY, LLC

**Current Principal Place of Business:**

5501 WESCONNECT BLVD  
#14785  
JACKSONVILLE, FL 32238

**Current Mailing Address:**

5501 WESCONNECT BLVD  
14785  
JACKSONVILLE, FL 32238 US

**FEI Number:** 85-3622418

**Certificate of Status Desired:** No

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

BOYER, SHAWANA  
5501 WESCONNECT BLVD  
14785  
JACKSONVILLE, FL 32238 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	CEO	Title	MGR
Name	BOYER, LENELL	Name	BOYER, SHAWANA
Address	5501 WESCONNECT BLVD, 14785	Address	5501 WESCONNECT BLVD, 14785
City-State-Zip:	JACKSONVILLE FL 32238	City-State-Zip:	JACKSONVILLE FL 32238

*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:** LENELL BOYER

**OWNER**

**04/07/2022**

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

\_\_\_\_\_  
Date