

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000372837

Entity Name: BLACK HORSE RIDER LLC

Current Principal Place of Business:

1601-1 N MAIN ST #3159
JACKSONVILLE, FL 32206

Current Mailing Address:

1601-1 N MAIN ST #3159
JACKSONVILLE, FL 32206 US

FEI Number: 85-4281381

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEGALCORP SOLUTIONS, LLC
3440 W HOLLYWOOD BLVD. SUITE 415
HOLLYWOOD, FL 33021 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 AMBR
Name LOUCAS, GREGORY M
Address 1601-1 N MAIN ST #3159
City-State-Zip: JACKSONVILLE FL 32206

Title MEMBER
Name LOUCAS, GLORIA C
Address 1601-1 N MAIN ST #3159
City-State-Zip: JACKSONVILLE FL 32206

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: GLORIA CARSON LOUCAS

**DIRECTOR OF
OPERATIONS**

03/01/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date