

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000039883

**Entity Name:** BLACK OPS CENTER, LLC

**Current Principal Place of Business:**

2637 E. ATLANTIC BLVD #264  
POMPANO BEACH, FL 33062

**Current Mailing Address:**

2637 E. ATLANTIC BLVD#264  
POMPANO BEACH, FL 33062

**FEI Number: 86-2069086**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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            DAVIS, NEWMAN  
Address        PO BOX 171  
City-State-Zip: BLOOMFIELD CT 06002

Title            AMBR  
Name            MIGS WORLDWIDE HOLDINGS, LLC  
Address        2637 E. ATLANTIC BLVD #264  
City-State-Zip: POMPANO BEACH FL 33062

*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: NEWMAN DAVIS**

**AUTHORIZED MEMBER**

**05/01/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date