

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000129850

**Entity Name:** BLACK HEART LLC

**Current Principal Place of Business:**

644 COLLINS AVE  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

644 COLLINS AVE  
MIAMI BEACH, FL 33139 US

**FEI Number:** 86-3035994

**Certificate of Status Desired:** No

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

WARD DAMON BUSINESS SERVICES, LLC  
4420 BEACON CIRCLE  
WEST PALM BEACH, FL 33407 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:** CATHLEEN D. WARD

04/03/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name MAPLE LEAF LEARNING LLC  
Address 644 COLLINS AVE  
City-State-Zip: MIAMI BEACH FL 33139

Title MGRM  
Name SCHAEFFER, MICHAEL  
Address 644 COLLINS AVE.  
City-State-Zip: MIAMI BEACH FL 33139

*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:** SCHAEFFER , MICHAEL

MRGM

04/03/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date