

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000249968

Entity Name: BLACK BUSINESS COALITION OF THE TREASURE COAST, LLC**Current Principal Place of Business:**616 MARSH ISLES CIRCLE
APT. #106
PORT ST. LUCIE, FL 34952**Current Mailing Address:**616 MARSH ISLE CIRCLE
106
PORT ST. LUCIE, FL 34952 US**FEI Number:** 87-1115641**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HALL-BRINKLEY, GWENDOLYN E
616 MARSH ISLE CIRCLE
106
PORT ST. LUCIE, FL 34952 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	PRESIDENT
Name	HALL-BRINKLEY, GWENDOLYN E
Address	616 MARSH ISLE CIRCLE 106
City-State-Zip:	PORT ST. LUCIE FL 34952

Title	AUTHORIZED MEMBER
Name	FARRO, HOWARD D
Address	3756 SW HONEY TERR
City-State-Zip:	PALM CITY FL 34996

Title	SECRETARY
Name	SOLOMON, JANA D
Address	1009 SE 16TH ST
City-State-Zip:	STUART FL 34996

Title	TREASURER
Name	DICKENS, IDA B
Address	907 SE HALL ST
City-State-Zip:	STUART FL 34994

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: GWENDOLYN E HALL-BRINKLEY**MANAGER****03/05/2023**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date