SIGNATURE: CHAD N. OTT

Electronic Signature of Signing Authorized Person(s) Detail

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L9900000318

Entity Name: BLACK MANGROVE, LLC

Current Principal Place of Business:

3940 PROSPECT AVENUE SUITE #102 NAPLES, FL 34104

Current Mailing Address:

3940 PROSPECT AVENUE SUITE #102 NAPLES, FL 34104 US

FEI Number: 59-3552133

Name and Address of Current Registered Agent:

OTT, CHAD N 3940 PROSPECT AVENUE SUITE #102 NAPLES, FL 34104 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

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	OTT, CHAD N	Name	OTT, R. CHRISTOPHER
Address	3940 PROSPECT AVENUE #102	Address	3940 PROSPECT AVENUE #102
City-State-Zip:	NAPLES FL 34104	City-State-Zip:	NAPLES FL 34104
Title	MGRM	Title	MGRM
Title Name	MGRM OTT, BARRETT C	Title Name	MGRM OTT, SPENCER V
Name	OTT, BARRETT C	Name	OTT, SPENCER V

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.

MANAGING MEMBER 01/05/2017

FILED Jan 05, 2017 Secretary of State CC3059799317

Certificate of Status Desired: No

Date

Date