

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000000318

**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

**Certificate of Status Desired:** No

**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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name OTT, CHAD N  
Address 3940 PROSPECT AVENUE #102  
City-State-Zip: NAPLES FL 34104

Title MGRM  
Name OTT, R. CHRISTOPHER  
Address 3940 PROSPECT AVENUE #102  
City-State-Zip: NAPLES FL 34104

Title MGRM  
Name OTT, BARRETT C  
Address PO BOX 307  
City-State-Zip: KETCHUM ID 83340

Title MGRM  
Name OTT, SPENCER V  
Address 520 AUDUBON ST  
City-State-Zip: NEW ORLEANS LA 70118

*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:** CHAD N. OTT

**MANAGING MEMBER**

**02/08/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date