

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 10, 2002 8:00 am
Secretary of State

05-12-2002 90592 019 ****50.00

DOCUMENT # L01 000004933

1. Entity Name

Black River Systems LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business,

17690 S. Dixie Hwy

Suite, Apt. #, etc.

Suite B

City & State

Miami Florida

Zip

33157

Country

USA

3. Mailing Address

17690 S. Dixie Hwy

Suite, Apt. #, etc.

Suite B

City & State

Miami Florida

Zip

33157

Country

USA

4. FEI Number

65-1092926

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Robert A. Hing

Street Address (P.O. Box Number is Not Acceptable)

9150 NW 36th St Suite 100

City

Miami FL

FL

Zip Code

33166

8. 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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Managing Member
John R. White
17690 S. Dixie Hwy, #8
Miami, Florida 33157

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

4/24/02 (305) 971-0606

Daytime Phone #

CR2E083B (12/01)