

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000016698

Entity Name: BLACK WING CAPITAL, LLC

FILED  
Jul 14, 2008  
Secretary of State

**Current Principal Place of Business:**

16585 N.W. 2ND AVE., SUITE 400  
NORTH MIAMI BEACH, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

16585 N.W. 2ND AVE., SUITE 400  
NORTH MIAMI BEACH, FL 33169

**New Mailing Address:**

6231 PGA BLVD. SUITE 104  
PMB #172  
PALM BEACH GARDENS, FL 33418

FEI Number: 87-0695773      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

RICHMAN, HARVEY  
16585 N.W. 2ND AVE., SUITE 400  
NORTH MIAMI BEACH, FL 33169      US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: FRIED, MICHAEL  
Address: 16585 N.W. 2ND AVE., SUITE 400  
City-St-Zip: NORTH MIAMI BEACH, FL 33169

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: FRIED, MICHAEL  
Address: 6231 PGA BLVD. SUITE 104, PMB #172  
City-St-Zip: PALM BEACH GARDENS, FL 33418

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: MICHAEL FRIED

MR.

07/14/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date