

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000067809

Entity Name: BLACK ION LLC

FILED
Apr 23, 2008
Secretary of State

Current Principal Place of Business:

8341 NW 185 TERRACE
MIAMI, FL 33015

New Principal Place of Business:

8341 NW 185 TERRACE
MIAMI, FL 33015 US

Current Mailing Address:

8341 NW 185 TERRACE
MIAMI, FL 33015

New Mailing Address:

8341 NW 185 TERRACE
MIAMI, FL 33015 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE FLORIDA INCORPORATING COMPANY
1203 GOVERNORS SQUARE BLVD.
STE 101
TALLAHASSEE, FL 323012960 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: ELTUS, WALLACE
Address: 8341 NW 185 TERRACE
City-St-Zip: MIAMI, FL 33015

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: LEON, GREYSI
Address: 8341 NW 185 TERRACE
City-St-Zip: MIAMI, FL 33015

Title: D () Change (X) Addition
Name: LEON, GREYSI
Address: 8341 NW 185 TERRACE
City-St-Zip: MIAMI, FL 33015

Title: V () Change (X) Addition
Name: ELTUS, WALLACE
Address: 8341 NW 185 TERRACE
City-St-Zip: MIAMI, FL 33015

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: GREYSI LEON

MGRM

04/23/2008

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