

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000067809

FILED  
Jan 28, 2009  
Secretary of State

Entity Name: BLACK ION LLC

**Current Principal Place of Business:**

8341 NW 185 TERRACE  
MIAMI, FL 33015 US

**New Principal Place of Business:**

**Current Mailing Address:**

8341 NW 185 TERRACE  
MIAMI, FL 33015 US

**New Mailing Address:**

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

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

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

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

MGR

01/28/2009

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