

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 19, 2008 8:00 am
Secretary of State

05-22-2008 90513 032 ***138.75

DOCUMENT # L06000087028

1. Entity Name
BLACKWATER ASSOCIATES, LLC



Principal Place of Business
**1515 NORTH FEDERAL HIGHWAY, SUITE 306
BOCA RATON, FL 33432**

Mailing Address
**1515 NORTH FEDERAL HIGHWAY, SUITE 306
BOCA RATON, FL 33432**

30009539



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02132008 Chg-LLC CR2E083 (12/08)

4. FEI Number

20-5664294

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MITCHELL B. KIRSCHNER, P. A.
1515 N. FEDERAL HWY, SUITE 314
BOCA RATON, FLORIDA 33432**

ame

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

ity

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and date (NOTE: Registered Agent signature required when reappointing)

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
GENSHEIMER, MARK A
1515 NORTH FEDERAL HIGHWAY, SUITE 308
BOCA RATON, FL 33432**

☐ Delete

TITLE
NAME
STREET ADDRESS
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☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Mark A. Gensheimer

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

Date

Daytime Phone #

**Mark A. Gensheimer
Manager**