

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000087423

**Entity Name:** BLACKACRES RANCH, LLC

**Current Principal Place of Business:**

1515 WILDRIDGE  
LYNN HAVEN, FL 32444

**Current Mailing Address:**

1515 WILDRIDGE  
LYNN HAVEN, FL 32444

**FEI Number:** 20-3447403

**Certificate of Status Desired:** No

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

MONGOVEN, MARSHA  
1515 WILDRIDGE  
LYNN HAVEN, FL 32444 US

*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

**Authorized Person(s) Detail :**

Title MM  
Name MONGOVEN, MARSHA MM  
Address 1515 WILDRIDGE RD.  
City-State-Zip: LYNN HAVEN FL 32444

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARSHA MONGOVEN

**REGISTERED AGENT**

**01/21/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date