

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000079941

**Entity Name:** BLACKROCK DEVELOPMENT HOLDINGS, LLC

**Current Principal Place of Business:**

4343 ANCHOR PLAZA PARKWAY  
SUITE 1  
TAMPA, FL 33634

**Current Mailing Address:**

4343 ANCHOR PLAZA PARKWAY  
SUITE 1  
TAMPA, FL 33634 US

**FEI Number:** 27-3143492

**Certificate of Status Desired:** No

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

VINING, CHARLES T  
4343 ANCHOR PLAZA PARKWAY  
SUITE 1  
TAMPA, FL 33634 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 MGRM  
Name VINING, CHARLES  
Address 4343 ANCHOR PLAZA PARKWAY  
SUITE 1  
City-State-Zip: TAMPA FL 33634

Title TREASURER  
Name MCADAMS, ANDREW J  
Address 4343 ANCHOR PLAZA PARKWAY  
SUITE 1  
City-State-Zip: TAMPA FL 33634

Title AUTHORIZED MEMBER  
Name READER, NICHOLAS J  
Address 4343 ANCHOR PLAZA PARKWAY  
SUITE 1  
City-State-Zip: TAMPA FL 33634

Title AUTHORIZED MEMBER  
Name MCRAE, TYLER  
Address 3030 N. ROCKY POINT DRIVE  
SUITE 480  
City-State-Zip: TAMPA FL 33607

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHARLES VINING

**MANAGER**

**01/30/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date