

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000098057

Entity Name: 784 BLACKBEARD, LLC**Current Principal Place of Business:**784 BLACKBEARD RD
LITTLE TORCH KEY, FL 33042**Current Mailing Address:**2021 NW 182 TERRACE
PEMBROKE PINES, FL 33029 US**FEI Number:** 45-3130354**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GODIN, RICHARD
2021 NW 182 TERRACE
PEMBROKE PINES, FL 33029 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	GODIN, ARTHUR
Address	601 S RIVERSIDE DRIVE
City-State-Zip:	POMPANO BEACH FL 33062

Title	MGRM
Name	GODIN, RICHARD
Address	2021 NW 182 TERRACE
City-State-Zip:	PEMBROKE PINES FL 33029

Title	MGRM
Name	FLYNN, GREGORY
Address	979 SW 19TH STREET
City-State-Zip:	BOCA RATON FL 33486

Title	MGRM
Name	BENYO, SHAWN M
Address	2443 NE 25 STREET
City-State-Zip:	LIGHTHOUSE POINT FL 33064

Title	MGRM
Name	WENTZEL, THOMAS J
Address	510 S.E. 10TH AVENUE
City-State-Zip:	POMPANO BEACH FL 33060

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: RICHARD D GODIN

MGRM

03/11/2016

Electronic Signature of Signing Authorized Person(s) Detail_____
Date