

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000132351

Entity Name: BLACK SMOKE DESIGN LLC

Current Principal Place of Business:

852 E ROAD
LOXAHATCHEE, FL 33470

Current Mailing Address:

852 E ROAD
LOXAHATCHEE, FL 33470 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOIKE, SANDRA
852 E ROAD
LOXAHATCHEE, FL 33470 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 BOIKE, SANDRA
Address 852 E ROAD
City-State-Zip: LOXAHATCHEE FL 33470

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: SANDRA BOIKE

PRESIDENT

04/27/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date