## 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000102879

Entity Name: BLACK RIVER FLORIDA LLC

**Current Principal Place of Business:** 

1401 BRICKELL AVE 530

MIAMI, FL 33131

**Current Mailing Address:** 

1401 BRICKELL AVE 530

MIAMI, FL 33131

FEI Number: 35-2516396 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

**NOBILE LAW FIRM PA** 201 SOUTH BISCAYNE BLVD. **SUITE 2650** MIAMI, FL 33131 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:

Address

Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title MGR Title MGR

Name LUONGO SANCHEZ, JOSE LUIZ Name TADEU JALLAD, ANTONIO

ALAMEDA GABRIEL MONTEIRO DA ALAMEDA GABRIEL MONTEIRO DA Address Address

**SILVA 2578 SILVA 2578** 

City-State-Zip: SAO PAULO SP 01442--002 City-State-Zip: SAO PAULO SP 01442--002

Title MGR Title MGR

Name LUONGO SANCHEZ, PAULO ROGERIO Name LUONGO SANCHEZ, ANTONIO

CARLOS ALAMEDA GABRIEL MONTEIRO DA

Address ALAMEDA GABRIEL MONTERIRO DA **SILVA 2578** 

**SILVA 2578** SAO PAULO SP 01442-002

City-State-Zip: City-State-Zip: SAO PAULO SP 01442-002

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.

**FILED** Apr 06, 2016

**Secretary of State** 

CC5178685892