

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000102879

**Entity Name:** BLACK RIVER FLORIDA LLC

**Current Principal Place of Business:**

1401 BRICKELL AVE  
SUITE 530  
MIAMI, FL 33131

**FILED**  
**Feb 09, 2019**  
**Secretary of State**  
**5152806708CC**

**Current Mailing Address:**

2724 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134 US

**FEI Number: 35-2516396**

**Certificate of Status Desired: No**

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

VEGA & COMPANY, CPAS, PA  
2724 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134 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: SUSANA E. VEGA**

**02/09/2019**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name LUONGO SANCHEZ, JOSE LUIZ  
Address ALAMEDA GABRIEL MONTEIRO DA SILVA 2578  
City-State-Zip: SAO PAULO SP 01442--002

Title MGR  
Name TADEU JALLAD, ANTONIO  
Address ALAMEDA GABRIEL MONTEIRO DA SILVA 2578  
City-State-Zip: SAO PAULO SP 01442--002

Title MGR  
Name LUONGO SANCHEZ, PAULO ROGERIO  
Address ALAMEDA GABRIEL MONTEIRO DA SILVA 2578  
City-State-Zip: SAO PAULO SP 01442-002

Title MGR  
Name LUONGO SANCHEZ, ANTONIO CARLOS  
Address ALAMEDA GABRIEL MONTEIRO DA SILVA 2578  
City-State-Zip: SAO PAULO 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.*

**SIGNATURE: ANTONIO TADEU JALLAD**

**MGR**

**02/09/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date