

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000106242

**Entity Name:** ARLENE BLACKLER "LLC"

**Current Principal Place of Business:**

605 FERN DRIVE  
MERRITT ISLAND, FL 32952

**Current Mailing Address:**

605 FERN DRIVE  
MERRITT ISLAND, FL 32952 US

**FEI Number:** 47-1294898

**Certificate of Status Desired:** No

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

BLACKLER, ARLENE  
2425 WILLOWBROOK ROAD  
MERRITT ISLAND, FL 32952 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 MGR  
Name BLACKLER, ARLENE  
Address 2425 WILLOWBROOK ROAD  
City-State-Zip: MERRITT ISLAND FL 32952

*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:** ARLENE T BLACKLER

MGR

04/02/2019

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date