

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000228905

Entity Name: HYDE PARK DISTILLERS, LLC

Current Principal Place of Business:

101 E KENNEDY BOULEVARD
2100
TAMPA, FL 33602

Current Mailing Address:

PO BOX 172117
TAMPA, FL 33672

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 MANAGER
Name BLACK DIAMOND MANAGEMENT
 SERVICES, INC.
Address PO BOX 172117
City-State-Zip: TAMPA FL 33672

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: SHARON NOLAN

MANAGER

04/23/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date