

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000036912

**Entity Name:** BLACK MARLIN CONSTRUCTION LLC**Current Principal Place of Business:**3545 US HIGHWAY 17  
WINTER HAVEN, FL 33881**Current Mailing Address:**PO BOX 332  
WINTER HAVEN, FL 33882 US**FEI Number:** 84-4628561**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SIDWELL, KRYSTAL L  
743 LAKE CUMMINGS BLVD  
LAKE ALFRED, FL 33850 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:** KRYSTAL SIDWELL

03/03/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                       |
|-----------------|-----------------------|
| Title           | MGR                   |
| Name            | SIDWELL, KRYSTAL      |
| Address         | PO BOX 332            |
| City-State-Zip: | WINTER HAVEN FL 33882 |

|                 |                       |
|-----------------|-----------------------|
| Title           | MGR                   |
| Name            | SIDWELL, NEKO         |
| Address         | PO BOX 332            |
| City-State-Zip: | WINTER HAVEN FL 33882 |

|                 |                       |
|-----------------|-----------------------|
| Title           | MGR                   |
| Name            | SECKINGER, TREVER     |
| Address         | PO BOX 332            |
| City-State-Zip: | WINTER HAVEN FL 33882 |

|                 |                       |
|-----------------|-----------------------|
| Title           | MGR                   |
| Name            | SECKINGER, CASSANDRA  |
| Address         | PO BOX 332            |
| City-State-Zip: | WINTER HAVEN FL 33882 |

*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:** KRYSTAL SIDWELL

MGR

03/03/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date