

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000224224

**Entity Name:** BLACK ENCLAVE, LLC

**Current Principal Place of Business:**

3250 NE 1ST AVENUE  
SUITE 305  
MIAMI, FL 33137

**Current Mailing Address:**

3250 NE 1ST AVENUE  
SUITE 305  
MIAMI, FL 33137

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

JEAN-CHARLES, KAVEN  
3250 NE 1ST AVENUE  
SUITE 305  
MIAMI, FL 33137 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	MEM	Title	MEM
Name	JEAN-CHARLES, KAVEN	Name	JOHNSON, AHMAND R
Address	3250 NE 1ST AVENUE	Address	3250 NE 1ST AVENUE
City-State-Zip:	MIAMI FL 33137	City-State-Zip:	MIAMI FL 33137

*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:** AHMAND JOHNSON

**MEMBER**

**05/01/2021**

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

\_\_\_\_\_  
Date