

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000480437

**Entity Name:** ILE NOIR LLC

**Current Principal Place of Business:**

193 N SEMINOLE ST  
PORT ST JOE, FL 32456

**Current Mailing Address:**

193 N SEMINOLE ST  
PORT ST JOE, FL 32456 US

**FEI Number:** 87-4825058

**Certificate of Status Desired:** No

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

MORRISON, SCOTT  
193 N SEMINOLE ST  
PORT ST JOE, FL 32456 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 MORRISON, SCOTT  
Address 193 N SEMINOLE ST  
City-State-Zip: PORT ST JOE FL 32456

Title MGR  
Name MORRISON, CHARLOTTE  
Address 193 N SEMINOLE ST  
City-State-Zip: PORT ST JOE FL 32456

*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:** SCOTT MORRISON

**MANAGER**

**01/20/2023**

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

\_\_\_\_\_  
Date