

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000164390

**Entity Name:** BLACK SPADE SOCIETY LLC

**Current Principal Place of Business:**

2901 NE 1ST AVE  
APT 2113  
MIAMI, FL 33137

**FILED**  
**May 01, 2023**  
**Secretary of State**  
**9802431943CC**

**Current Mailing Address:**

2901 NE 1ST AVE  
APT 2113  
MIAMI, FL 33137 US

**FEI Number:** 88-1609692

**Certificate of Status Desired:** No

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

BRUGUERAS, JONATHAN  
2901 NE 1ST AVE  
APT 2113  
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 CEO  
Name BRUGUERAS, JONATHAN  
Address 2901 NE 1ST AVE  
City-State-Zip: MIAMI FL 33137

Title MANAGER  
Name SMITH, PARKER  
Address 6010 SHERMAN AVENUE  
City-State-Zip: DOWNERS GROVE IL 60516

Title OTHER  
Name PIUNNO, AUSTIN  
Address 250 CAMDEN LANE  
City-State-Zip: AURORA OH 44202

Title CFO  
Name BRUGUERAS, RAYMOND  
Address 2901 NE 1ST AVE  
APT 2113  
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:** JONATHAN BRUGUERAS

**CEO**

**05/01/2023**

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

\_\_\_\_\_  
Date