

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000018758

**Entity Name:** BLACK LUXE ENTERPRISE LLC

**Current Principal Place of Business:**

5379 LYNOS RD #1723  
COCONUT CREEK, FL 33073

**Current Mailing Address:**

5379 LYNOS RD #1723  
COCONUT CREEK, FL 33073 US

**FEI Number:** 92-1820912

**Certificate of Status Desired:** No

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

BELMONT, GAELLE  
3790 NW 19TH STREET  
COCONUT CREEK, FL 33066 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            OWNER  
Name            BELMONT, GAELLE  
Address        3790 NW 19TH STREET  
City-State-Zip: COCONUT CREEK FL 33066

Title            OWNER  
Name            ALCENAT, CLOTAIRE JUNIOR  
Address        3790 NW 19TH STREET  
City-State-Zip: COCONUT CREEK FL 33066

*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:** GAELLE BELMONT

**OWNER**

**05/01/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date