

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000054056

**Entity Name:** BLACK COMIC LORDS, LLC

**Current Principal Place of Business:**

1631 ROCK SPRINGS RD  
374  
APOPKA, FL 32712

**Current Mailing Address:**

1631 ROCK SPRINGS RD  
374  
APOPKA, FL 32712 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

WHITE-DAVIS, PAUL N  
1631 ROCK SPRINGS RD  
374  
APOPKA, FL 32712 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 WHITE-DAVIS, PAUL N  
Address 1631 ROCK SPRINGS RD  
374  
City-State-Zip: APOPKA FL 32712

Title MGR  
Name HARRISON, DEREK L  
Address 2445 MAYBERRY COURT  
City-State-Zip: CHAPEL HILL NC 27514

Title MBR  
Name LEWIS, DEWITT H  
Address 864 SILVERTIP ROAD  
City-State-Zip: APOPKA FL 32712

Title MBR  
Name WRIGHT, RICHARD J  
Address 3929 BONITA SPRINGS DR  
City-State-Zip: FORTWORTH TX 76123

*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:** PAUL WHITE-DAVIS

**MGR**

**03/06/2024**

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

\_\_\_\_\_  
Date