

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000001531

**Entity Name:** BELMONT VENTURES I, LLC**Current Principal Place of Business:**7807 BAYMEADOWS RD EAST  
STE 205  
JACKSONVILLE, FL 32256**Current Mailing Address:**7807 BAYMEADOWS RD EAST  
STE 205  
JACKSONVILLE, FL 32256**FEI Number:** 27-2240155**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FELDMAN & MAHONEY, P.A.  
2240 BELLEAIR ROAD  
SUITE 210  
CLEARWATER, FL 33764 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:** DONNA J. FELDMAN, ESQ.

04/12/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name BV1HC, LLC  
Address 7807 BAYMEADOWS RD EAST - STE 205  
City-State-Zip: JACKSONVILLE FL 32256

Title PRESIDENT  
Name BURR, EDWARD E  
Address 7807 BAYMEADOWS ROAD EAST SUITE 205  
City-State-Zip: JACKSONVILLE FL 32256

Title VP  
Name MIARS, GRAYDON E  
Address 7807 BAYMEADOWS ROAD EAST SUITE 205  
City-State-Zip: JACKSONVILLE FL 32256

Title AUTHORIZED MEMBER  
Name BV1HC, LLC  
Address 7807 BAYMEADOWS RD EAST STE 205  
City-State-Zip: JACKSONVILLE FL 32256

Title AUTHORIZED MEMBER  
Name BELMONT RECOVERY ACQUISITION, LLC  
Address 7807 BAYMEADOWS RD EAST STE 205  
City-State-Zip: JACKSONVILLE FL 32256

*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:** EDWARD E. BURR

PRESIDENT

04/12/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date