

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000062857

**Entity Name:** BLUE SWORN, LLC

**Current Principal Place of Business:**

C/O 1390 BRICKELL AVENUE, SUITE 200  
MIAMI, FL 33131

**Current Mailing Address:**

C/O 1390 BRICKELL AVENUE, SUITE 200  
MIAMI, FL 33131

**FEI Number:** 99-0366648

**Certificate of Status Desired:** No

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

CASTILLO B., ALVARO P.A.  
1390 BRICEKLL AVENUE, SUITE 200  
MIAMI, FL 33131 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	Title	MGR
Name	GALLI, FLAVIO JULIAN	Name	GALLI, LUIS SANTIAGO
Address	C/O 1390 BRICKELL AVENUE, SUITE 200	Address	C/O 1390 BRICKELL AVENUE, SUITE 200
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131

*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:** LUIS SANTIAGO GALLI

**MANAGER**

**03/26/2018**

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

\_\_\_\_\_  
Date