

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000095502

**Entity Name:** BLUE ROOF BRANDS LLC

**Current Principal Place of Business:**

9490 OLD CUTLER LN  
CORAL GABLES, FL 33156

**Current Mailing Address:**

9490 OLD CUTLER LN  
CORAL GABLES, FL 33156 US

**FEI Number:** 36-4766216

**Certificate of Status Desired:** No

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

LEIVA, MARIA CAMILA  
9490 OLD CUTLER LN  
CORAL GABLES, FL 33156 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 LEIVA, MARIA CAMILA  
Address 9490 OLD CUTLER LN  
City-State-Zip: CORAL GABLES FL 33156

Title AUTHORIZED MEMBER  
Name MACLEAN, JEFFREY DANA  
Address 5700 CASTLEGATE AVENUE  
City-State-Zip: DAVIE FL 33331

*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:** MARIA CAMILA LEIVA

**MANAGING MEMBER**

**01/23/2024**

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

\_\_\_\_\_  
Date