

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000128908

**Entity Name:** BLUE SADIE HOLDINGS, LLC

**Current Principal Place of Business:**

ONE TOWNE CENTRE DRIVE  
APT.#1523  
CLIFFSIDE PARK, NJ 07010

**Current Mailing Address:**

ONE TOWNE CENTRE DRIVE  
APT.#1523  
CLIFFSIDE PARK, NJ 07010 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC.  
7901 4TH ST. N STE 300  
ST. PETERSBURG, FL 33702 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           | AMBR                                | Title           | AMBR                                |
| Name            | FLUSK, BERNARD                      | Name            | FLUSK, BARBARA                      |
| Address         | ONE TOWNE CENTRE DRIVE<br>APT.#1523 | Address         | ONE TOWNE CENTRE DRIVE<br>APT.#1523 |
| City-State-Zip: | CLIFFSIDE PARK NJ 07010             | City-State-Zip: | CLIFFSIDE PARK NJ 07010             |

*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:** BERNARD FLUSK

**PRESIDENT**

**01/26/2022**

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

\_\_\_\_\_  
Date