

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000146075

**Entity Name:** BLUE LINE II LLC

**Current Principal Place of Business:**

413 NORTH BRIGGS AVENUE  
SUITE# 523  
SARASOTA, AL 34237

**Current Mailing Address:**

413 NORTH BRIGGS AVENUE  
SUITE# 523  
SARASOTA, FL 34237 US

**FEI Number:** 84-2804118

**Certificate of Status Desired:** No

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

LAZZARI, MASSIMILIANO  
3005 SATSUMA DR  
SARASOTA, FL 34239 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  
Name FUENTES, JEAN JACQUES G  
Address 413 NORTH BRIGGS AVENUE SUITE  
#523  
City-State-Zip: SARASOTA FL FL 34237

Title AP  
Name LAZZARI, MASSIMILIANO  
Address 3005 SATSUMA DR  
City-State-Zip: SARASOTA FL 34239

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:** JEAN JACQUES G FUENTES

AMBR

06/08/2020

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

\_\_\_\_\_  
Date