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; a that my name appears above, or on an attachment with all other like empowered.			
SIGNATURE: JAIFA M BAFZ	MGRM	03/06/2024	

and my name appears abore, or on an addemnent mara
SIGNATURE: JAIFA M BAEZ

Authorized Person(s) Detail :					
Title	MGRM	Title	MANAGER		
Name	MURCIA LARA, WILSON A	Name	BAEZ, JAIFA M		
Address	29793 SEACOL STREET	Address	29793 SEACOL STREET		
City-State-Zip:	CLEARWATER FL 33761	City-State-Zip:	CLEARWATER FL 33761		

SIGNATURE: JAIFA M BAEZ

BAEZ, JAIFA MARIA 22095 US HWY 19 CLEARWATER, FL 33765 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.

29793 SEACOL STREET	
CLEARWATER, FL 33761	

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000106926

Entity Name: BLUE CASTLE PROPERTY SERVICES LLC

Electronic Signature of Registered Agent

Current Principal Place of Business:

Current Mailing Address:

29793 SEACOL STREET CLEARWATER, FL 33761

FEI Number: APPLIED FOR

Name and Address of Current Registered Agent:

Electronic Signature of Signing Authorized Person(s) Detail

City-State-Zip: CLEARWATER FL 33761

9751288448CC

03/06/2024 Date

FILED Mar 06, 2024

Secretary of State

Certificate of Status Desired: No

Date