

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000076379

Entity Name: BLUE DEVIL FISHING TEAM LLC**Current Principal Place of Business:**4417 S FLAGLER DR.
WEST PALM BEACH, FL 33405**Current Mailing Address:**4417 S FLAGLER DR.
GARY S LACHMAN
OCEAN RIDGE, FL 33405**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LACHMAN, GARY S
4417 S FLAGLER DR.
OCEAN RIDGE, FL 33405 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	LACHMAN, GARY S
Address	4417 S FLAGLER DR., GARY S LACHMAN
City-State-Zip:	OCEAN RIDGE FL 33405
Title	AP
Name	MAGASSY, STEVEN L
Address	4417 S FLAGLER DR.
City-State-Zip:	WEST PALM BEACH FL 33405

Title	AP
Name	MAGASSY, MATTHEW C
Address	4417 S FLAGLER DR.
City-State-Zip:	WEST PALM BEACH FL 33405
Title	AP
Name	LACHMAN, LINDA F
Address	4417 S FLAGLER DR.
City-State-Zip:	WEST PALM BEACH FL 33405

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: GARY S LACHMAN

MGR

01/23/2022

Electronic Signature of Signing Authorized Person(s) Detail_____
Date