

**2024 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

**MANAGING MEMBER**

**01/28/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date