

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000430587

Entity Name: AMERITAS BLUESTAR RETIREMENT SERVICES, LLC

Current Principal Place of Business:

822 A1A N., STE 211
PONTE VERDA BEACH, FL 32082

Current Mailing Address:

822 A1A N., STE 211
PONTE VERDA BEACH, FL 32082 US

FEI Number: 59-3092339

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
515 E PARK AVE 2ND FLOOR
TALLAHASSEE, FL 32301 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 AMERITAS LIFE INSURANCE CORP
Address 5900 O STREET
City-State-Zip: LINCOLN NE 68510

Title MGR
Name KAIS, JAMES M
Address 822 A1A N., STE 211
City-State-Zip: PONTE VERDA BEACH FL 32082

Title MGR
Name WERNER, TIMOTHY G
Address 822 A1A N., STE 211
City-State-Zip: PONTE VERDA BEACH FL 32082

Title MGR
Name WERNER, SUZANNE F
Address 822 A1A N., STE 211
City-State-Zip: PONTE VERDA BEACH FL 32082

Title MGR
Name WILKINSON, SUSAN K
Address 822 A1A N., STE 211
City-State-Zip: PONTE VERDA BEACH FL 32082

Title MGR
Name JURGENSMEIER, ROBERT M
Address 822 A1A N., STE 211
City-State-Zip: PONTE VERDA BEACH FL 32082

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: JAMES M. KAIS

MANAGER

04/25/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date