

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000498179

**Entity Name:** BLUE INTERNATIONAL GROUP 2 LLC

**Current Principal Place of Business:**

17933 NW 87 PLACE  
HIALEAH, FL 33018

**Current Mailing Address:**

17933 NW 87 PLACE  
HIALEAH, FL 33018 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

DELMONTE, LUCRECIA  
17933 NW 87 PLACE  
HIALEAH, FL 33018 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 DELMONTE, LUCRECIA  
Address 17933 NW 87 PLACE  
City-State-Zip: HIALEAH FL 33018

*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:** LUCRECIA DELMONTE

**MANAGER**

**04/27/2023**

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

\_\_\_\_\_  
Date