

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000238042

Entity Name: BLUE VEIL, LLC

Current Principal Place of Business:

9300 ESTRELLA CT
NEW PORT RICHEY, FL 34655-1770

Current Mailing Address:

9300 ESTRELLA CT
NEW PORT RICHEY, FL 34655-1770 US

FEI Number: 88-2618477

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WALLACE, JUDSON S
9300 ESTRELLA CT
NEW PORT RICHEY, FL 34655-1770 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 WALLACE, DENNIS SCOTT
Address 9300 ESTRELLA CT
City-State-Zip: NEW PORT RICHEY FL 34655-1770

Title AMBR
Name WALLACE, LISA ANN
Address 9300 ESTRELLA CT
City-State-Zip: NEW PORT RICHEY FL 34655-1770

Title AUTHORIZED MEMBER
Name WALLACE, JUDSON SCOTT
Address 9300 ESTRELLA CT
City-State-Zip: NEW PORT RICHEY FL 34655-1770

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: JUDSON SCOTT WALLACE

MR

04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date