

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000255428

**Entity Name:** BLUE WATERS RESCUE AND RENOVATIONS, LLC

**Current Principal Place of Business:**

509 SW 2ND PLACE  
POMPANO BEACH, FL 33060

**Current Mailing Address:**

509 SW 2ND PLACE  
POMPANO BEACH, FL 33060

**FEI Number:** 88-2624451

**Certificate of Status Desired:** No

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

STAFFA, CHRISTOPHER  
509 SW 2ND AVE  
POMPANO BEACH, FL 33060 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            STAFFA, CHRISTOPHER  
Address        509 SW 2ND PL  
City-State-Zip: POMPANO BEACH FL 33060

Title            AMBR  
Name            SKURATON, TIFFANY  
Address        509 SW 2ND PL  
City-State-Zip: POMPANO BEACH FL 33060

*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:** CHRISTOPHER STAFFA

AMBR

04/24/2023

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

\_\_\_\_\_  
Date