

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000308854

**Entity Name:** 1800 WEST BLUE HERON OPCO, LLC

**Current Principal Place of Business:**

4241 NORTHLAKE BOULEVARD  
STE. A  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

4241 NORTHLAKE BOULEVARD  
STE. A  
PALM BEACH GARDENS, FL 33410 US

**FEI Number:** 88-3325333

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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           MANAGER  
Name           JERVIS , GEOFF  
Address        4241 NORTHLAKE BOULEVARD  
                  STE. A  
City-State-Zip: PALM BEACH GARDENS FL 33410

*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:** GEOFF JERVIS

**MANAGER**

**05/10/2024**

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

\_\_\_\_\_  
Date