

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000504654

Entity Name: BLUE LATITUDES 1 LLC

Current Principal Place of Business:

3832 BAYMEADOWS ROAD
SUITE 325
JACKSONVILLE, FL 32217

Current Mailing Address:

4460 KINCARDINE DRIVE
JACKSONVILLE, FL 32257

FEI Number: 93-4326765

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HILL, DEBRA
4460 KINCARDINE DRIVE
JACKSONVILLE, FL 32257 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 RYAN, WILLIAM D
Address 3832 BAYMEADOWS ROAD, SUITE 325
City-State-Zip: JACKSONVILLE FL 32217

Title AMBR
Name CHEEK, JOHN DAVID III
Address 3832 BAYMEADOWS ROAD, SUITE 325
City-State-Zip: JACKSONVILLE FL 32217

Title AMBR
Name VINING, FRANK
Address 3832 BAYMEADOWS ROAD, SUITE 325
City-State-Zip: JACKSONVILLE FL 32217

Title AMBR
Name GOODWIN, MARK
Address 3832 BAYMEADOWS ROAD, SUITE 325
City-State-Zip: JACKSONVILLE FL 32217

Title AMBR
Name HILL, DEBRA
Address 3832 BAYMEADOWS ROAD, SUITE 325
City-State-Zip: JACKSONVILLE FL 32217

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: DEBRA HILL

MEMBER

01/31/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date