

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M17000007735

**Entity Name:** BLUE ZONES, LLC

**Current Principal Place of Business:**

200 SOUTHDALE CENTER  
EDINA, MN 55435

**Current Mailing Address:**

200 SOUTHDALE CENTER  
EDINA, MN 55435 US

**FEI Number:** 27-1603327

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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, AUTHORIZED MEMBER  
Name BEAMAN, JOHN  
Address 2100 DOUGLAS BLVD  
ADVENTIST HEALTH  
City-State-Zip: ROSEVILLE CA 95661

Title MANAGER, AUTHORIZED MEMBER  
Name HEINRICH, KERRY  
Address 200 SOUTHDALE CENTER  
City-State-Zip: EDINA MN 55435

Title MANAGER  
Name JOBE, MEREDITH  
Address 200 SOUTHDALE CENTER  
City-State-Zip: EDINA MN 55435

Title MANAGER, AUTHORIZED MEMBER  
Name WELLS, JASON  
Address 200 SOUTHDALE CENTER  
City-State-Zip: EDINA MN 55435

Title MANAGER, AUTHORIZED MEMBER  
Name LEEDLE , BEN JR.  
Address 200 SOUTHDALE CENTER  
City-State-Zip: EDINA MN 55435

Title MANAGER, AUTHORIZED MEMBER  
Name HOFHEINS, TODD  
Address 200 SOUTHDALE CENTER  
City-State-Zip: EDINA MN 55435

Title MANAGER, AUTHORIZED MEMBER  
Name BUETTNER, DAN  
Address 200 SOUTHDALE CENTER  
City-State-Zip: EDINA MN 55435

Title SENIOR VICE PRESIDENT  
Name CLABOTS, AMELIA  
Address 200 SOUTHDALE CENTER  
City-State-Zip: EDINA MN 55435

*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:** AMELIA CLABOTS

**SENIOR VICE PRESIDENT 04/15/2024**

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

\_\_\_\_\_  
Date