

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000008622

**Entity Name:** BLUE LEGACY VENTURES, LLC

**Current Principal Place of Business:**

333 SE 2ND AVENUE  
SUITE 3000  
MIAMI, FL 33131

**Current Mailing Address:**

333 SE 2ND AVENUE  
SUITE 3000  
MIAMI, FL 33131 US

**FEI Number:** 87-1254649

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 MGR  
Name HEINRICH, KERRY  
Address 1 ADVENTIST HEALTH WAY  
City-State-Zip: ROSEVILLE CA 95661

Title MGR  
Name HOFHEINS, TODD  
Address 1 ADVENTIST HEALTH WAY  
City-State-Zip: ROSEVILLE CA 95661

Title MGR  
Name LEEDLE, BEN  
Address 1 ADVENTIST HEALTH WAY  
City-State-Zip: ROSEVILLE CA 95661

Title MGR  
Name KODSI, DAN  
Address 1010 NE 2ND AVE.  
City-State-Zip: MIAMI FL 33132

Title MGR  
Name WATSON, STEPHEN  
Address 1010 NE 2ND AVE.  
City-State-Zip: MIAMI FL 33132

Title MGR  
Name MOISES, SERGIO  
Address 1010 NE 2ND AVE.  
City-State-Zip: MIAMI FL 33132

*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:** TODD HOFHEINS

**MANAGER**

**02/02/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date