

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M21000016601

Entity Name: BL ESCROW 1 LLC

Current Principal Place of Business:

350 NW 1ST AVE, STE 200
MIAMI, FL 33128

Current Mailing Address:

350 NW 1ST AVE, STE 200
MIAMI, FL 33128 US

FEI Number: 87-3887957

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BERGMANN, CYNTHIA
350 NW 1ST AVE, STE 200
MIAMI, FL 33128 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 VP, ASST. SECRETARY
Name COBB, KOLLEEN
Address 350 NW 1ST AVE, STE 200
City-State-Zip: MIAMI FL 33128

Title VP
Name GODOY, JUAN R
Address 350 NW 1ST AVE, STE 200
City-State-Zip: MIAMI FL 33128

Title VP, SECRETARY, CHIEF LEGAL COUNSEL
Name BERGMANN, CYNTHIA
Address 350 NW 1ST AVE, STE 200
City-State-Zip: MIAMI FL 33128

Title PRES
Name GODDARD, PATRICK
Address 350 NW 1ST AVE, STE 200
City-State-Zip: MIAMI FL 33128

Title CFO, VP
Name SWIATEK, JEFFREY C
Address 350 NW 1ST AVE, STE 200
City-State-Zip: MIAMI FL 33128

Title VP, CHIEF ACCOUNTING OFFICER
Name YARRIS, CHRISTOPHER C.
Address 350 NW 1ST AVE, STE 200
City-State-Zip: MIAMI FL 33128

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: KOLLEEN COBB

VP

04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date