

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M23000012287

**Entity Name:** BLUECAT USA, LLC

**Current Principal Place of Business:**

19100 SW WARFIELD BLVD.  
INDIANTOWN, FL 34956

**Current Mailing Address:**

19100 SW WARFIELD BLVD.  
INDIANTOWN, FL 34956 US

**FEI Number:** 93-1668948

**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 MGR  
Name UNITED STATES MATERIAL PROCESSING, LLC  
Address 19100 SW WARFIELD BLVD.  
City-State-Zip: INDIANTOWN FL 34956

Title MBR  
Name UNITED STATES MATERIAL PROCESSING, LLC  
Address 19100 SW WARFIELD BLVD.  
City-State-Zip: INDIANTOWN FL 34956

Title AP  
Name YOUNGMAN, JACOB  
Address 19100 SW WARFIELD BLVD.  
City-State-Zip: INDIANTOWN FL 34956

Title AP  
Name PACE, POWELL F  
Address 19100 SW WARFIELD BLVD.  
City-State-Zip: INDIANTOWN FL 34956

Title AP  
Name STEWART, LES  
Address 19100 SW WARFIELD BLVD.  
City-State-Zip: INDIANTOWN FL 34956

*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:** POWELL F PACE

**PARTNER**

**02/07/2024**

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

\_\_\_\_\_  
Date