

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000061799

**Entity Name:** BLUE STREAK, LLC**Current Principal Place of Business:**11945 SW 140TH TERRACE  
MIAMI, FL 33186**Current Mailing Address:**11945 SW 140TH TERRACE  
MIAMI, FL 33186 US**FEI Number:** 27-0439228**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HALLEY, DIANA T.  
11945 SW 140TH TERRACE  
MIAMI, FL 33186 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:** DIANA T. HALLEY

04/29/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title VP, MGR  
Name BERNSTEIN, STEPHEN J.  
Address 11945 SW 140TH TERRACE  
City-State-Zip: MIAMI FL 33186

Title VP  
Name BURCHELL, MICHAEL  
Address 11945 SW 140TH TERRACE  
City-State-Zip: MIAMI FL 33186

Title PRESIDENT  
Name HERNANDEZ, RALPH E.  
Address 11945 SW 140TH TERRACE  
City-State-Zip: MIAMI FL 33186

Title SEC  
Name CANGIANO, JESSE  
Address 11945 SW 140TH TERRACE  
City-State-Zip: MIAMI FL 33186

Title AUTHORIZED REPRESENTATIVE  
Name HALLEY, DIANA T.  
Address 11945 SW 140TH TERRACE  
City-State-Zip: MIAMI FL 33186

Title EVP  
Name MORIARITY, WILLIAM B. III  
Address 11945 SW 140TH TERRACE  
City-State-Zip: MIAMI FL 33186

Title VP FINANCE  
Name PEREIRA, ERICKA  
Address 11945 SW 140TH TERRACE  
City-State-Zip: MIAMI FL 33186

*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:** DIANA T. HALLEY**REG**  
**AGENT/AUTHORIZED REP**

04/29/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date