2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED 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 11/07/2024

> Date Electronic Signature of Registered Agent

FILED Nov 07, 2024

Secretary of State

6554428573CC

Date

Authorized Person(s) Detail :

Title VP, MGR Title VΡ

BERNSTEIN, STEPHEN J. Name Name BURCHELL, MICHAEL

Address 11945 SW 140TH TERRACE Address 11945 SW 140TH TERRACE

City-State-Zip: MIAMI FL 33186 MIAMI FL 33186 City-State-Zip:

Title SEC Title **PRESIDENT**

Name CANGIANO, JESSE HERNANDEZ, RALPH E. Name

Address 11945 SW 140TH TERRACE Address 11945 SW 140TH TERRACE

MIAMI FL 33186 City-State-Zip: City-State-Zip: MIAMI FL 33186

Title FVP **AUTHORIZED REPRESENTATIVE** Title

Name MORIARITY, WILLIAM B. III Name HALLEY, DIANA T.

Address 11945 SW 140TH TERRACE 11945 SW 140TH TERRACE Address

City-State-Zip: MIAMI FL 33186 City-State-Zip: MIAMI FL 33186

Title **VP FINANCE**

PEREIRA, ERICKA Name

11945 SW 140TH TERRACE Address

MIAMI FL 33186 City-State-Zip:

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.

11/07/2024 SIGNATURE: DIANA T. HALLEY REG AGENT/AUTH REP

Electronic Signature of Signing Authorized Person(s) Detail