

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000084061

**FILED**  
**Mar 31, 2025**  
**Secretary of State**  
**8292574763CC**

**Entity Name:** BLUE FLAME CANDLES LLC

**Current Principal Place of Business:**

523 SW HAMPTON CT.  
PORT ST. LUCIE, FL 34986

**Current Mailing Address:**

523 SW HAMPTON CT  
PORT SAINT LUCIE, FL 34986-2022 US

**FEI Number:** 27-0885756

**Certificate of Status Desired:** No

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

CATALDO, LONEE  
523 SW HAMPTON CT  
PORT SAINT LUCIE, FL 34986-2022 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	MGRM	Title	MGRM
Name	CATALDO, LONEE	Name	CATALDO, RONALD
Address	523 SW HAMPTON CT	Address	523 SW HAMPTON CT
City-State-Zip:	PORT SAINT LUCIE FL 34986-2022	City-State-Zip:	PORT SAINT LUCIE FL 34986-2022

*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:** LONEE CATALDO

**OWNER**

**03/31/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date