

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000005440

**Entity Name:** BLUE GHOST II, LLC

**Current Principal Place of Business:**

10100 HILLVIEW DRIVE  
APARTMENT 2106  
PENSACOLA, FL 32514

**Current Mailing Address:**

10100 HILLVIEW DRIVE  
APARTMENT 2106  
PENSACOLA, FL 32514 US

**FEI Number:** 27-1730419

**Certificate of Status Desired:** No

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

LOGAN, C FLACK  
10100 HILLVIEW DRIVE  
APARTMENT 2106  
PENSACOLA, FL 32514 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  
Name LOGAN, C FLACK  
Address 10100 HILLVIEW DRIVE  
APARTMENT 2106  
City-State-Zip: PENSACOLA FL 32514

Title MGRM  
Name LOGAN, KATHLEEN V  
Address 10100 HILLVIEW DRIVE  
APARTMENT 2106  
City-State-Zip: PENSACOLA FL 32514

Title MGRM  
Name ECHSNER, REBECCA A  
Address 56 BAYBRIDGE  
City-State-Zip: GULF BREEZE FL 32561

Title MGRM  
Name ECHSNER, STEPHEN H  
Address 56 BAYBRIDGE  
City-State-Zip: GULF BREEZE FL 32561

*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:** STEPHEN H ECHSNER

**MGR**

**02/01/2024**

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

\_\_\_\_\_  
Date