

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000025424

**Entity Name:** THE BLUE 13 LLC**Current Principal Place of Business:**5913 NW 110 CT  
DORAL, FL 33178**Current Mailing Address:**5913 NW 110TH CT  
DORAL, FL 33178**FEI Number:** 90-0938210**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GLOBAL TAX & ACCOUNTING GROUP CORP  
3399 NW 72 AVE  
216  
DORAL, FL 33122 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:** CHRISTIAN MENDOZA

03/11/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                    |
|-----------------|--------------------|
| Title           | MGR                |
| Name            | SCHILLING, LILIANA |
| Address         | 5913 NW 110TH CT   |
| City-State-Zip: | DORAL FL 33178     |

|                 |                         |
|-----------------|-------------------------|
| Title           | MGR                     |
| Name            | VAN HELLENBERG, JACQUES |
| Address         | 5913 NW 110TH CT        |
| City-State-Zip: | DORAL FL 33178          |

|                 |                           |
|-----------------|---------------------------|
| Title           | MANAGER                   |
| Name            | LARA SCHILLING , ISABEL T |
| Address         | 5913 NW 110 CT            |
| City-State-Zip: | DORAL FL 33178            |

|                 |                           |
|-----------------|---------------------------|
| Title           | MANAGER                   |
| Name            | LARA SCHILLING, LILIANE V |
| Address         | 5913 NW 110 CT            |
| City-State-Zip: | DORAL FL 33178            |

*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:** SCHILLING , LILIANA**PRESIDENT**

03/11/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date