

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000128952

**Entity Name:** BLUE CHIP FINANCE LLC**Current Principal Place of Business:**33 SW 2ND AVE.  
UNIT 1101  
MIAMI, FL 33130**Current Mailing Address:**33 SW 2ND AVE.  
UNIT 1101  
MIAMI, FL 33130 US**FEI Number:** 47-4659086**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WS CORPORATE SERVICES LLC  
4000 PONCE DE LEON, BLVD STE  
UNIT 470  
CORAL GABLES, FL 33146 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:** ALEJANDRO GASTELUM

05/01/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MANAGER	Title	MANAGER
Name	TOHME, RAFAEL A. SR.	Name	RODRIGUEZ R, ANDRES
Address	33 SW 2ND AVE. UNIT 1101	Address	33 SW 2ND AVE. UNIT 1101
City-State-Zip:	MIAMI FL 33130	City-State-Zip:	MIAMI FL 33130
Title	AUTHORIZED REPRESENTATIVE		
Name	WS CORPORATE SERVICES LLC		
Address	4000 PONCE DE LEON, BLVD STE 470 UNIT 470		
City-State-Zip:	CORAL GABLES FL 33146		

*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:** RAFAEL THOME

MGR

05/01/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date