

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000259485

**Entity Name:** BLUE CASL ORLANDO, LLC

**Current Principal Place of Business:**

5300 WEST CYPRESS STREET  
SUITE 200  
TAMPA, FL 33607

**FILED**  
**Mar 25, 2020**  
**Secretary of State**  
**1584947532CC**

**Current Mailing Address:**

5300 WEST CYPRESS STREET  
SUITE 200  
TAMPA, FL 33607 US

**FEI Number: 83-4028487**

**Certificate of Status Desired: Yes**

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

WILSON, SHAWN  
5300 WEST CYPRESS STREET  
SUITE 200  
TAMPA, FL 33607 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 MGR  
Name BLUE ORLANDO, LLC  
Address 5300 WEST CYPRESS STREET SUITE  
200  
City-State-Zip: TAMPA FL 33607

Title MGR  
Name CASL ORLANDO, LLC  
Address 2911 FRUITVILLE ROAD  
City-State-Zip: SARASOTA FL 34237

*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: SHAWN WILSON**

**MANAGER OF MANAGER 03/25/2020**

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

\_\_\_\_\_  
Date