

2019 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

Current Mailing Address:

5300 WEST CYPRESS STREET
SUITE 200
TAMPA, FL 33607 US

FEI Number: 83-4028487

Certificate of Status Desired: No

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	Title	MGR
Name	BLUE ORLANDO, LLC	Name	CASL ORLANDO, LLC
Address	5300 WEST CYPRESS STREET SUITE 200	Address	1401 16TH ST
City-State-Zip:	TAMPA FL 33607	City-State-Zip:	SARASOTA FL 34236

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 03/27/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date