

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000069600

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

**Current Principal Place of Business:**

180 FOUNTAIN PARKWAY N SUITE 100  
SUITE 100  
ST. PETERSBURG, FL 33716

**Current Mailing Address:**

180 FOUNTAIN PARKWAY N SUITE 100  
SUITE 100  
ST. PETERSBURG, FL 33716 US

**FEI Number:** 86-3702749

**Certificate of Status Desired:** Yes

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

WILSON, SHAWN  
180 FOUNTAIN PARKWAY N SUITE 100  
SUITE 100  
ST. PETERSBURG, FL 33716 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 DADE M, LLC  
Address 180 FOUNTAIN PARKWAY N SUITE  
100  
SUITE 100  
City-State-Zip: ST. PETERSBURG FL 33716

Title MGR  
Name CASL DADE, 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** 01/24/2023

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

\_\_\_\_\_  
Date