

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000224643

**Entity Name:** BLUE STAR RIDGE, LLC

**Current Principal Place of Business:**

5697 SW 49TH RD APT 7202  
OCALA, FL 34474

**Current Mailing Address:**

5697 SW 49TH RD APT 7202  
OCALA, FL 34474 US

**FEI Number:** 86-3922491

**Certificate of Status Desired:** No

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

BELL, PETER M  
5697 SW 49TH RD APT 7202  
OCALA, FL 34474 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 BELL, PETER M  
Address 5697 SW 49TH RD APT 7202  
City-State-Zip: Ocala FL 34474

*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:** PETER MOSES BELL

MGR

02/16/2025

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

\_\_\_\_\_  
Date