

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000269355

**Entity Name:** BLUE MERLE SOLUTIONS, LLC

**Current Principal Place of Business:**

1622 N LAURA ST  
JACKSONVILLE, FL 32206

**Current Mailing Address:**

1622 N LAURA ST  
JACKSONVILLE, FL 32206 US

**FEI Number: 84-4170352**

**Certificate of Status Desired: No**

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

LAMBRUSCHI, ANTHONY A MR  
1622 N LAURA ST  
JACKSONVILLE, FL 32206 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	CEO	Title	MGR
Name	LAMBRUSCHI, ANTHONY A MR	Name	WAGENER, EMILY A MS
Address	1622 N LAURA ST	Address	1622 N LAURA ST
City-State-Zip:	JACKSONVILLE FL 32206	City-State-Zip:	JACKSONVILLE FL 32206

*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: ANTHONY LAMBRUSCHI**

**PRESIDENT**

**03/05/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date