

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000495494

**Entity Name:** BLUE CASL ST. LUCIE, LLC

**Current Principal Place of Business:**

5300 W CYPRESS STREET, SUITE 200  
SUITE 200  
TAMPA, FL 33607

**Current Mailing Address:**

5300 W CYPRESS STREET, SUITE 200  
SUITE 200  
TAMPA, FL 33607 US

**FEI Number:** APPLIED FOR

**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 ST. LUCIE M, LLC  
Address 5300 W CYPRESS STREET, SUITE 200  
City-State-Zip: TAMPA FL 33607

Title MGR  
Name CASL ST. LUCIE, 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** 01/14/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date