## **2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000016586

**Entity Name: BL EXPANSION LLC** 

**Current Principal Place of Business:** 

350 NW 1ST AVE, STE 200 MIAMI. FL 33128

**Current Mailing Address:** 

350 NW 1ST AVE, STE 200 MIAMI, FL 33128 US

**FEI Number: NOT APPLICABLE** Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BERGMANN, CYNTHIA 350 NW 1ST AVE, STE 200 MIAMI, FL 33128 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

**FILED** May 01, 2023

**Secretary of State** 

7743154252CC

Authorized Person(s) Detail:

Title **PRES** Title CFO, VP

GODDARD, PATRICK W Name SWIATEK, JEFFREY C Name 350 NW 1ST AVE, STE 200 350 NW 1ST AVE, STE 200 Address Address

City-State-Zip: MIAMI FL 33128 MIAMI FL 33128 City-State-Zip:

Title VP. ASST. SECRETARY Title VP, CHIEF ACCOUNTING OFFICER

Name COBB, KOLLEEN YARRIS, CHRISTOPHER C. Name

Address 350 NW 1ST AVE, STE 200 Address 350 NW 1ST AVE, STE 200

MIAMI FL 33128 City-State-Zip: City-State-Zip: MIAMI FL 33128

Title VP. SECRETARY VΡ Title

Name BERGMANN, CYNTHIA Name GODOY, JUAN

Address 350 NW 1ST AVE, STE 200 Address 350 NW 1ST AVE, STE 200

City-State-Zip: MIAMI FL 33128 City-State-Zip: MIAMI FL 33128

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: KOLLEEN O.P. COBB

Electronic Signature of Signing Authorized Person(s) Detail

VICE PRESIDENT

05/01/2023

Date