

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000016601

**Entity Name:** BL ESCROW 1 LLC

**Current Principal Place of Business:**

161 NW 6TH ST, STE 900  
MIAMI, FL 33136

**Current Mailing Address:**

161 NW 6TH ST, STE 900  
MIAMI, FL 33136 US

**FEI Number:** 87-3887957

**Certificate of Status Desired:** No

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

BERGMANN, CYNTHIA  
161 NW 6TH ST, STE 900  
MIAMI, FL 33136 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 VPAS  
Name COBB, KOLLEEN  
Address 700 NW 1ST AVE, STE 1620  
City-State-Zip: MIAMI FL 33136

Title VP  
Name GODOY, JUAN R  
Address 700 NW 1ST AVE, STE 1620  
City-State-Zip: MIAMI FL 33136

Title VP, SECRETARY  
Name BERGMANN, CYNTHIA  
Address 161 NW 6TH ST, STE 900  
City-State-Zip: MIAMI FL 33136

Title PRES  
Name GODDARD, PATRICK  
Address 161 NW 6TH ST, STE 900  
City-State-Zip: MIAMI FL 33136

Title CFO, VP  
Name SWIATEK, JEFFREY C  
Address 161 NW 6TH ST, STE 900  
City-State-Zip: MIAMI FL 33136

Title VP, CHIEF ACCOUNTING OFFICER  
Name YARRIS, CHRISTOPHER C.  
Address 161 NW 6TH ST, STE 900  
City-State-Zip: MIAMI FL 33136

*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 COBB

VP

04/25/2022

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

\_\_\_\_\_  
Date