

## LIMITED LIABILITY COMPANY ANNUAL REPORT

NAME OF LIMITED LIABILITY COMPANY:	BLUE LAKE CAP	ITAL, LLC	
SECRETARY OF STATE ID NUMBER: 1534930 STATE		OF FORMATION: NC	Filing Office Use Only E - Filed Annual Report 1534930
REPORT FOR THE CALENDAR YEAR: 20	24		CA202401602519 1/16/2024 03:16
SECTION A: REGISTERED AGENT'S INFORMATION			Changes
1. NAME OF REGISTERED AGENT: Si	immons, Michael K		·
2. SIGNATURE OF THE NEW REGISTER		GNATURE CONSTITUTES CONSENT TO THE AP	POINTMENT
3. REGISTERED AGENT OFFICE STREE	ET ADDRESS & COUNTY	4. REGISTERED AGENT OFFICE M	AILING ADDRESS
3001 Deerfield Pl		3001 Deerfield Pl	
Charlotte, NC 28209-3612 Mecklenburg County		Charlotte, NC 28209-3612	
SECTION B: PRINCIPAL OFFICE INFORMAT  1. DESCRIPTION OF NATURE OF BUSIN		Firm	
2. PRINCIPAL OFFICE PHONE NUMBER: (704) 534-5055		3. PRINCIPAL OFFICE EMAIL: Privacy Redaction	
4. PRINCIPAL OFFICE STREET ADDRESS		5. PRINCIPAL OFFICE MAILING ADDRESS	
3001 Deerfield Pl		3001 Deerfield Pl	
Charlotte, NC 28209-3612		Charlotte, NC 28209-3612	
6. Select one of the following if appli  The company is a veteran-of the company is a service-d	owned small business	·	
SECTION C: COMPANY OFFICIALS (Enter ac	dditional company officials	s in Section E.)	
NAME: Michael Simmons	NAME:	NAME:	
TITLE: Executive Manager	TITLE:	TITLE:	
ADDRESS:	ADDRESS:	ADDRESS:	
3001 Deerfield Pl			
Charlotte, NC 28209			
SECTION D: CERTIFICATION OF ANNUAL	. REPORT. Section D mu		on/business entity.
Michael Simmons  SIGNATURE		1/16/2024  DATE	
Form must be signed by a Company Official listed under	er Section C of This form.		
Michael Simmons  Print or Type Name of Company Official		Executive Manager  Print or Type Title of Company Official	
			, ,

This Annual Report has been filed electronically.

Print or Type Title of Company Official