

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000086403

**Entity Name:** BLUE SPHERE DEERFIELD PLAZA, LLC

**Current Principal Place of Business:**

12720 SOUTH ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32837

**Current Mailing Address:**

P.O. BOX 56855  
JACKSONVILLE, FL 32241 US

**FEI Number:** 20-3405203

**Certificate of Status Desired:** No

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

BLUE SPHERE OBT  
12720 SOUTH ORANGE BLOSSOM TRL  
ORLANDO, FL 32837 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 DELAHANTY, TOM  
Address P.O. BOX 56855  
City-State-Zip: JACKSONVILLE FL 32241

*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:** TOM DELAHANTY

MBR

04/04/2014

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

\_\_\_\_\_  
Date