

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000023597

**Entity Name:** BLUE SPOON, LLC

**Current Principal Place of Business:**

31101 NAFI DRIVE  
IMMOKALEE, FL 34142

**Current Mailing Address:**

31101 NAFI DRIVE  
IMMOKALEE, FL 34142 US

**FEI Number:** 26-2260083

**Certificate of Status Desired:** No

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

JONES, MICHELLE A  
31101 NAFI DRIVE  
IMMOKALEE , FL 34142 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 JONES, BRIAN W  
Address 31101 NAFI DRIVE  
City-State-Zip: IMMOKALEE FL 34142

Title MGR  
Name JONES, MICHELLE A  
Address 31101 NAFI DR  
City-State-Zip: IMMOKALEE FL 34142

*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:** MICHELLE JONES

**EVP**

**04/28/2016**

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

\_\_\_\_\_  
Date