

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000023597

**Entity Name:** BLUE SPOON, LLC

**Current Principal Place of Business:**

20201 STATE ROAD 29  
DEEP LAKE, FL 34141

**Current Mailing Address:**

P.O. BOX 112521  
NAPLES, FL 34108

**FEI Number:** 26-2260083

**Certificate of Status Desired:** No

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

JONES, MICHELLE A  
20201 STATE ROAD29  
DEEP LAKE, FL 34141 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	Title	MGR
Name	JONES, BRIAN W	Name	JONES, MICHELLE A
Address	P.O. BOX 112521	Address	P.O. BOX 112521
City-State-Zip:	NAPLES FL 34108	City-State-Zip:	NAPLES FL 34108

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHELLE A. JONES

**EVP, MGR**

**02/12/2013**

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

\_\_\_\_\_  
Date