

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000109979

**Entity Name:** BLUE TEAM RESTORATION, LLC

**Current Principal Place of Business:**

1395 NW 17TH AVE.  
113  
DELRAY BEACH , FL 33445

**Current Mailing Address:**

1395 NW 17TH AVE.  
113  
DELRAY BEACH , FL 33445 US

**FEI Number:** 27-3737654

**Certificate of Status Desired:** No

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

BRYAN, MEKLIR  
1395 NW 17TH AVE.  
113  
DELRAY BEACH , FL 33445 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 MGRM  
Name MEKLIR, BRYAN A  
Address 405 NW 12TH STREET  
City-State-Zip: DELRAY BEACH FL 33444

Title MRRM  
Name MEKLIR, KATIE C  
Address 405 NW 12TH STREET  
City-State-Zip: DELRAY BEACH FL 33444

*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:** BRYAN MEKLIR

**OWNER**

**01/13/2015**

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

\_\_\_\_\_  
Date