

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000136051

**Entity Name:** BLUE PRISMA, LLC

**Current Principal Place of Business:**

4005 NW 114TH AVE  
SUITE 5  
DORAL, FL 33178

**Current Mailing Address:**

4005 NW 114TH AVE  
SUITE 5  
DORAL, FL 33178 US

**FEI Number:** 46-1265136

**Certificate of Status Desired:** No

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

MLP FINANCIAL GROUP INC  
4005 NW 114TH AVE  
SUITE 5  
DORAL, FL 33178 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 AUTHORIZED MEMBER  
Name QUANSEAM RESOURCES LIMITED  
Address 4005 NW 114TH AVE  
SUITE 5  
City-State-Zip: DORAL FL 33178

*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:** MILTON PEREZ

**AUTHORIZED REP**

**04/30/2015**

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

\_\_\_\_\_  
Date