

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000046717

**Entity Name:** BLUEHENG II, LLC

**Current Principal Place of Business:**

191 W. NATIONWIDE BLVD., SUITE 600  
COLUMBUS, OH 43215

**Current Mailing Address:**

191 W. NATIONWIDE BLVD., SUITE 600  
COLUMBUS, OH 43215

**FEI Number:** 46-2454772

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 DAVIES, PETER G  
Address 191 W. NATIONWIDE BLVD., SUITE 600  
City-State-Zip: COLUMBUS OH 43215

Title MGRM  
Name ED LLC  
Address 191 W. NATIONWIDE BLVD., SUITE 600  
City-State-Zip: COLUMBUS OH 43215

Title MGRM  
Name EVERSELE, ROBERT M  
Address 191 W. NATIONWIDE BLVD., SUITE 600  
City-State-Zip: COLUMBUS OH 43215

Title MGRM  
Name UTGARD, THOMAS R  
Address 191 W. NATIONWIDE BLVD., SUITE 600  
City-State-Zip: COLUMBUS OH 43215

*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:** THOMAS R. UTGARD

**MANAGER**

**04/19/2017**

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

\_\_\_\_\_  
Date