

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000162058

**Entity Name:** BLUEMINT DESINGS & BOUTIQUE LLC

**Current Principal Place of Business:**

949 NORTH UNIVERSITY DRIVE  
STUDIO #4  
CORAL SPRINGS, FL 33071

**Current Mailing Address:**

949 NORTH UNIVERSITY DRIVE  
STUDIO #15  
CORAL SPRINGS, FL 33071

**FEI Number:** 46-4087838

**Certificate of Status Desired:** No

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

DUQUE, PAOLA A  
18427 NW 11TH COURT  
PEMBROKE PINES, FL 33029 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 DUQUE, PAOLA A  
Address 18427 NW 11TH COURT  
City-State-Zip: PEMBROKE PINES FL 33029

*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:** PAOLA A.DUQUE

PAOLA A. DUQUE

01/09/2014

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

\_\_\_\_\_  
Date