

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000171159

**FILED**  
**Jan 09, 2015**  
**Secretary of State**  
**CC7035110628**

**Entity Name:** BLAUW PROPERTIES LLC

**Current Principal Place of Business:**

1126 W BLODGETT STREET  
MARSHFIELD, WI 54449

**Current Mailing Address:**

1126 W BLODGETT STREET  
MARSHFIELD, WI 54449

**FEI Number:** 47-2255945

**Certificate of Status Desired:** Yes

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

BLAUW CLOUSE, JUDITH  
402 S KENTUCKY AVE SUITE 600  
LAKELAND, FL 33801 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 AMBR  
Name BLAUW CLOUSE, JUDITH  
Address 1126 W BLODGETT STREET  
City-State-Zip: MARSHFIELD WI 54449

Title AMBR  
Name BLAUW KITSON, JANE  
Address 2764 SPRINGFOUNT TRAIL  
City-State-Zip: LAWRENCEVILLE GA 30043

Title AMBR  
Name BLAUW, JULIE  
Address 5385 PEACHTREE-DUNWOODY RD  
APT 839  
City-State-Zip: ATLANTA GA 30342

*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:** JUDITH BLAUW CLOUSE

**MEMBER**

**01/09/2015**

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

\_\_\_\_\_  
Date