

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000231380

**Entity Name:** BLUE TEAL TECHNOLOGIES LLC

**Current Principal Place of Business:**

3030 N. ROCKY POINT DR.  
STE 150A  
TAMPA, FL 33607

**Current Mailing Address:**

PO BOX 110048  
LAKEWOOD RANCH, FL 34211

**FEI Number:** 81-4774658

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC  
3030 N. ROCKY POINT DR.  
STE 150A  
TAMPA, FL 33607 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 DUCKWORTH, MARK G SR  
Address PO BOX 110048  
City-State-Zip: LAKEWOOD RANCH FL 34211

Title AMBR  
Name SALAMBASH, MARINA  
Address PO BOX 110048  
City-State-Zip: LAKEWOOD RANCH FL 34211

Title AMBR  
Name HIRST, CARMEN  
Address 807 BLUE TEAL DR  
City-State-Zip: GALLOWAY NJ 08205

Title AMBR  
Name HIRST, KEN  
Address 807 BLUE TEAL DR  
City-State-Zip: GALLOWAY NJ 08205

*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:** MARK DUCKWORTH

**MANAGER**

**01/24/2019**

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

\_\_\_\_\_  
Date