

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 04, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000006242**1. Entity Name  
BLUE NOVA, LLC

Principal Place of Business 19304 SW 4 ST  PEMBROKE PINES FL 33029	Mailing Address 19304 SW 4 ST  PEMBROKE PINES FL 33029
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2. Principal Place of Business 140 S.W. 117TH AVE.  Suite, Apt. #, etc. 104	3. Mailing Address 140 S.W. 117TH AVE.  Suite, Apt. #, etc. 104
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City & State PEMBROKE PINES FL	City & State PEMBROKE PINES FL	4. FEI Number <b>52-2260614</b>	Applied For <input type="checkbox"/> Not Applicable
Zip 33025	Country	Zip 33025	Country

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required**6. Name and Address of Current Registered Agent**GIESLER MARYBETH  
19304 SW 4 ST  
  
PEMBROKE PINES FL 33029**7. Name and Address of New Registered Agent**Name  
GIESLER MARYBETH  
Street Address (P.O. Box Number is Not Acceptable)  
140 S.W. 117TH AVE.  
  
City  
PEMBROKE PINES FL Zip Code  
33025

8. 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 **MARYBETH GIESLER****02/04/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State****9. MANAGING MEMBERS / MEMBERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**10. ADDITIONS / CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GIESLER MARYBETH 140 S.W. 117TH AVE. #104 PEMBROKE PINES FL 33025	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

**SIGNATURE: Marybeth Giesler**

MGR 02/04/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)