

LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90067 005 \*\*\*\*50.00

DOCUMENT # L00000008733

1. Entity Name

THE BLUE CAT L.L.C.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2100 PONCE DE LEON BLVD

Suite, Apt. #, etc.

SUITE 600

City & State

CORAL GABLES, FL

Zip  
33134

Country  
USA

3. Mailing Address

2100 PONCE DE LEON BLVD

Suite, Apt. #, etc.

SUITE 600

City & State

CORAL GABLES, FL

Zip  
33134

Country  
USA

4. FEI Number

65-1025428

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name  
JORGE GURIAN

Street Address (P.O. Box Number is Not Acceptable)  
2100 PONCE DE LEON BLVD

SUITE 600

City  
CORAL GABLES

FL

Zip Code  
33134

**DO NOT WRITE  
IN THIS SPACE**

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

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

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
JENDRACH, CHRISTIAN  
2100 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
JENDRACH, RUBY  
2100 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
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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: *Ruby Jendrach* RUBY JENDRACH

4/29/02 305-279-4101

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

Daytime Phone #