

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015051

1. Entity Name

BLUEGRASS SKY, L.L.C.

FILED

01 FEB 12 PM 12:30

Principal Place of Business

Mailing Address

c/o Wade R. Byrd, P.A.

350 Royal Palm Way, #409
Palm Beach, FL 33480

c/o Wade R. Byrd, P.A.
350 Royal Palm Way, #409
Palm Beach, FL 33480

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

c/o Wade R. Byrd, P.A.

3. Mailing Address

c/o Wade R. Byrd, P.A.

Suite, Apt. #, etc.

350 Royal Palm Way, #409

Suite, Apt. #, etc.

350 Royal Palm Way, #409

DO NOT WRITE IN THIS SPACE

City & State

Palm Beach, FL 334

City & State

Palm Beach, FL

4. FEI Number

65-1065194

Applied For

Not Applicable

Zip

33480

Country

USA

Zip

33480

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Wade R. Byrd
Wade R. Byrd, P.A.
350 Royal Palm Way, #409
Palm Beach, FL 33480

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

8000003743978--5
-02/20/01--01103--013
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Sole Member
Helen Harting Abell
419 Brazilian Avenue
Palm Beach, FL 33480 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: Helen Harting Abell

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

Date

Daytime Phone #

6/01(561)835-1170

CR2E083 (1/100)