DOCUMENT # L01000004017

1. Entity Name
BLUE LLC

Apr 1
Sec

Principal Place of Business	Mailing Address
5604 N. ATLANTIC AVE COCOA BEACH, FL 32931	5604 N. ATLANTIC AVE COCOA BEACH, FL 32931

DO NOT WRITE IN THIS SPACE

04132004No Chg-LLC CR2E083 (10/03)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GREENE, JANICE M
5604 N. ATLANTIC AVE
COCOA BEACH, FL 32931

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

U00000116242
04/16/04-80056-009 200.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GREENE, MARTIN
STREET ADDRESS	5604 N. ATLANTIC AVE
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	MGRM
NAME	GREENE, JANICE
STREET ADDRESS	5606 N. ATLANTIC AVE.
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: J M Greene 4/12/04 321-799-0799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #