7/2/2002-90818-01(

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State
07-02-2002 90818 010 ****50.00

DOCUMENT #: L01000006207

1. Entity Name
BLUE DESIGNS L.L.C.

Principal Place of Business
820 NORTH EAST 17 WAY
FT. LAUDERDALE FL 33304

Mailing Address
~~820 NORTH EAST 17 WAY~~
~~FT. LAUDERDALE FL 33304~~

2. Principal Place of Business

3. Mailing Address: P.O Box 4667

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State: FT LAUDERDALE

Zip | Country

Zip: FL 33338 | Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1104115 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

ADDISON, PETER J.
820 NORTH EAST 17 WAY
FT. LAUDERDALE FL 33304

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MANAGING MEMBER. ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PETER ADDISON	NAME	
STREET ADDRESS	820 NE 17 WAY	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33304.	CITY-ST-ZIP	
TITLE	MEMBER ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	EDWARD JORDAN	NAME	
STREET ADDRESS	2360 9TH STREET	STREET ADDRESS	
CITY-ST-ZIP	POMPANO FL 33062	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083 (9/01)

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: SIGNATURE REQUIRED Managing Member. 6/8/02 525 1237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Department of State
Division of Corporations
Re: Corp Return.

Attachment
Doc #
L01000006207

394461

[redacted]

Dear Sir,

I apologize for the late filing of this Return as I have been out of the country. ~~As the entity was used to hold Real Estate we do not have a bookkeeper.~~ and I was unable to file in a timely manner. I hope this will allow a waiver of the fine as I was not in the country to file in a timely manner.

Yours
Peter Ashlis
Managing member.