7/2/2002-90818-010

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~~

DO NOT WRITE IN THIS SPACE

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

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 ______ 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
Due By May 1, 2002

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

Attachment
Doc #
L01000006207

394461

[redacted]

Re: Corp Return.

Dear Sir,

I apologize for the late filing of this Return as I have been out of the country. As this entity was used to hold Real Estate we do not have a book keeper 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 Allisa
Managing member.