LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L0100007346

1. Entity Name

BLADE BUSTER, LLC



FILED Feb 12, 2003 8:00 am Secretary of State

02-12-2003 90005 002 ****55.00

DO NOT WRITE IN THIS SPACE 20026060

2. Principal Place of Business 2667 - 2. DUNN P.O.BOX 3 DO NOT WRITE IN THIS SPACE 4. FEI Number City & State CKSOWILIE TACKSAUMUE \$5.00 Additional Country Ø 5. Certificate of Status Desired DUVAL Fee Required

> DO_NOT WRITE IN THIS SPACE

	7. Name	e and Addres	s of Current Regi	stered Agen	t
REC	GINALD	ERIC	MAROSA) SR	
	ddress (PO-Box				

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

REGINALO E. ROHARDSON SOR

FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1

9.	MANAGING MEMBERS/MANAGERS	es e	
TITLE	REGINALD RICHARDSON SR.	TITLE	
NAME	MAR	NAME	
STREET ADDRESS	939-TORXOISE WAY	STREET ADDRESS	
CITY-ST-ZIP	REGINALD RICHARDSON SK. MGR 939-TORXOISE WAY JACKSONNILE FL. 32218 MGR	CITY-SI-ZIP	
TITLE	mar	TITLE	
NAME	THEODORA L. RICHARDON	NAME	
STREET ADDRESS	939. TORTOISE WAY	STREET ADDRESS	
CITY-ST-ZIP	THEODOLA L. RICHARDON 939. TORTOISE WAY JACKSONVILLE FL. 32218	CITY-ST-ZIP	
TITLE		TITLE NAME OF THE PERSON OF TH	
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CITY-ST-ZIP		CITY-ST ZIP	

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.

Applied For

Not Applicable