

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

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90150 035 ****55.00

DOCUMENT # L01000011316

1. Entity Name BLUE PINEAPPLE, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
445 WEST DEARBORN STREET

Suite, Apt. #, etc.

3. Mailing Address
445 WEST DEARBORN STREET

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ENGLEWOOD, FLORIDA

City & State
ENGLEWOOD, FLORIDA

4. FEI Number
59-3730785

Applied For
Not Applicable

Zip
34224

Country
USA

Zip
34223

Country
USA

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
JOHN A. COLTON

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

1776 RINGLING BOULEVARD

City
SARASOTA

FL

Zip Code
34236

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.

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
MEMBER
PETER MATSON
STREET ADDRESS
859 NORTH MANASOTA KEY
CITY - ST - ZIP
ENGLEWOOD, FLORIDA 34223

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IN THIS SPACE**

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

Date

Daytime Phone #

CR2E083B (12/01)