

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012871

Entity Name: BLASTOFF, LLC

FILED  
Mar 26, 2009  
Secretary of State

**Current Principal Place of Business:**

5601 CORPORATE WAY  
SUITE 404  
WEST PALM BEACH, FL 33407 US

**New Principal Place of Business:**

**Current Mailing Address:**

5601 CORPORATE WAY  
SUITE 404  
WEST PALM BEACH, FL 33407 US

**New Mailing Address:**

FEI Number: 65-1126621

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SINGER, MICHAEL S  
3801 PGA BLVD.  
SUITE 802  
PALM BEACH GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: VILLABLANCA, JAIME G  
Address: 5601 CORPORATE WAY  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: MGRM ( ) Delete  
Name: HOPSON, ROBERT L JR.  
Address: 5601 CORPORATE WAY  
City-St-Zip: WEST PALM BEACH, FL 33407

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: VILLABLANCA, JAIME G  
Address: 5601 CORPORATE WAY  
City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: MGRM (X) Change ( ) Addition  
Name: HOPSON, ROBERT L JR.  
Address: 5601 CORPORATE WAY  
City-St-Zip: WEST PALM BEACH, FL 33407 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAIME G. VILLABLANCA

MGRM

03/26/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date