

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90001 021 ****50.00

DOCUMENT # L01000012871

1. Entity Name

BLASTOFF, LLC



Principal Place of Business

**5601 CORPORATE WAY
SUITE 204
WEST PALM BEACH FL 33407
US**

Mailing Address

**5601 CORPORATE WAY
SUITE 204
WEST PALM BEACH FL 33407
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1126621**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **VILLABLANCA, JAIME G**
STREET ADDRESS **13499 MILES STANDISH PORT**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **MGR** ☐ Delete
NAME **HOPSON, ROBERT L JR.**
STREET ADDRESS **12163 WEST END**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5601 CORPORATE WAY**
CITY-ST-ZIP **WEST PALM BEACH, FL 33407**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5601 CORPORATE WAY**
CITY-ST-ZIP **WEST PALM BEACH, FL 33407**

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NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied in 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 to the best of my knowledge and belief, and that I am a managing member or manager of the limited liability company or the record owner of the business.

SIGNATURE:

SIGNATURE AND TYPE

INTENT NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

JAIME VILLABLANCA 3/9/03 561-684-9000

CR2E083 (10/02)