

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90004 034 ****50.00

DOCUMENT # L01000014173

1. Entity Name

BLEU SHIFT, LLC



Principal Place of Business

**635 S. ORANGE AVE., #10
SARASOTA FL 34236**

Mailing Address

**635 S. ORANGE AVE., #10
SARASOTA FL 34236**

2. Principal Place of Business

3. Mailing Address

3600 Torrey Pines Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

Country

34238

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1143691**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROTEN, REX A
46 N. WASHINGTON BLVD., #1
SARASOTA FL 34236**

7. Name and Address of New Registered Agent

Name

Rex Roten

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

411 Cleveland St #242

City

Clearwater

FL

Zip Code

33755

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

Keri Nakamoto

3/11/03

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete

**MGRM
CAN DO IT INC
635 SORANGE AVE STE 10
SARASOTA FL 34236**

TITLE ☐ Delete

**MGRM
NAKAMOTO, KERI
635 S ORANGE AVE STE 10
SARASOTA FL 34236**

TITLE ☐ Delete

**MGRM
KING, CAROL
635 S ORANGE AVE STE 10
SARASOTA FL 34236**

TITLE ☐ Delete

**MGRM
PETRIX, GERO
635 S ORANGE AVE STE 10
SARASOTA FL 34236**

TITLE ☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☒ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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.

SIGNATURE: Keri Nakamoto REQUIRED

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

3/11/03

Date

9419291052

Daytime Phone #

CR2E083 (10/02)