

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90051 044 \*\*\*\*50.00

**DOCUMENT # L02000007324**

1. Entity Name

**BLUE RIBBON, LLC**



Principal Place of Business

~~509 BOXWOOD LANE~~  
~~NEW SMYRNA BEACH FL 32168~~

Mailing Address

~~509 BOXWOOD LANE~~  
~~NEW SMYRNA BEACH FL 32168~~

2. Principal Place of Business

3. Mailing Address

**715 S. Nova Road**  
Suite, Apt. #, etc.

**SAME**  
Suite, Apt. #, etc.

City & State

City & State

**Ormond Beach FL**

Zip

Country

Zip

Country

**32174**

**USA**

4. FEI Number

**04-3638708**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DESOUZA, DENIS**  
**509 BOXWOOD LANE**  
**NEW SMYRNA BEACH FL 32168**

Name

7. Name and Address of New Registered Agent

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

**39 WATERBLUFF DRIVE**

City

**Ormond Beach**

**FL**

Zip Code

**32174**

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

**2/20/03**

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM**  
NAME **TAVARES, TANYA**  
STREET ADDRESS **509 BOXWOOD LANE 39 WATERBLUFF DR.**  
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168 Ormond Beach FL 32174**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE **MGRM**  
NAME **TAVARES, TANYA**  
STREET ADDRESS **39 WATERBLUFF DRIVE**  
CITY-ST-ZIP **Ormond Beach, FL 32174**

☒ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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 REQUIRED**

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

**2/20/03**

Date

**(386) 677-0111**

Daytime Phone #

CR2E083 (10/02)