2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Feb 05, 2004 8:00 am
Secretary of State
01-20-2004 90207 017 ****50.00

DOCUMENT # L02000016216

1. Entity Name
BLUSH, LLC

Principal Place of Business	Mailing Address
P. O. BOX 917332 LONGWOOD, FL 32791 US	P. O. BOX 917332 LONGWOOD, FL 32791 US

DO NOT WRITE IN THIS SPACE

01112004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
43-1966933
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CAMP, LINDA S
1000 WEKIVA SPRINGS ROAD
LONGWOOD, FL 32779
4701 FOX ST
ORLANDO, FL 32814

P. O. Box 917332
Longwood, FL
32791

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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 Linda S Camp 1-12-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CAMP, LINDA S
STREET ADDRESS	P. O. BOX 917332
CITY-ST-ZIP	LONGWOOD, FL 32791
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Linda S Camp 1-12-04 321-377-3052
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #