2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 05, 2007 8:00 am Secretary of State

Daytime Phone #

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DOCUMENT # L02000016216 1. Entity Name BLUSH, LLC					02-05-2007 90203 006 ****50.00		
Principal Place of Business Mailing Address P. O. BOX 917332		US	1 (400)(10)				
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address	215				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01312007	Chg-LLC	CR2E083 (12/06)	
City & State Dryfond BL FL Zip Country		Sity & State Beach, FL		4. FEI Numi 43-196	. FEI Number Applied For 43-1966933 Not Applicable		
Zip Country Zip 32/75-02/5		Country A		of Status Desired	\$5.00 Add Fee Require		
	6. Name and Address of Current	Registered Agent	Name	7. Name an	d Address of New R	egistered Agent	
CAMP, LINDAS 216 FALLEN PALN DR. 150 HERON DUNES DE CASSELBERRY, FL 32707 OFMOND BEACH, FL				dress (P.O. Box Numl	per is Not Acceptable)	
		32174	City			FL Zip Cod	le
8. The above the obligat	named entity submits this statement for	r the purpose of changing its re	gistered office or r	registered agent, or b	oth, in the State of Flo	rida. I am familiar with,	and accept
}		min Lind	a S. C.	4 MyO e required when reinstating)	2-	/- 0 /	
SIGNATURE Signature, typed or printed name of registered agent and the if applicable. (NOTE: Regis			Registered Agent signature	a required when reinstating)		DATE	
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Fi D:	iling Fée is \$50.00 ue by May 1, 2007			4	Make	e check payable to Department of Stat	-
9.	ue by May 1, 2007 MANAGING MEMBE		10.		Make	e check payable to Department of Stat	
9. TITLE NAME	MANAGING MEMBE MERM CAMP, LINDA S		10. TITLE NAME		Mak Florida ADDITIONS/	e check payable to Department of Stat CHANGES	☐ Addition
9. TITLE	MANAGING MEMBE	RS/MANAGERS	10. TITLE		Mak Florida ADDITIONS/	e check payable to Department of Stat	☐ Addition
9. IIILE NAME STREET ADDRESS	MANAGING MEMBE MERM CAMP, LINDA S P. O'BOX'917332	RS/MANAGERS	10. TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE		Mak Florida ADDITIONS/	e check payable to Department of Stat CHANGES	☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: JOHN JOHN LINGS CAMP 2-1-07
SIGNATURE AND AVIPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE
Date

Date