## **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

## Apr 05, 2004 8:00 am Secretary of State DOCUMENT # L03000000131 1. Entity Name 04-05-2004 90495 040 \*\*\*\*50 00 **BLUE INVESTMENT LLC** Principal Place of Business Mailing Address 1986 NW 104 AVE. 1986 NW 104 AVE. CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071 2. Principal Place of Business 3. Mailing Address 1520 NW Suite, Apt. #, etc. MOORE CR2E083 (11/03) ity & State 4. FEI Number 01-0761080 City & State Applied For Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LILA TERESA PIZZINO 1986 NW 104 AVE. CORAL SPRINGS FL 33071 3071 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES Hernandez Liuseppe C. 1586 NW 104 AVE Loral Efeings FC 3307, 460. TITLE MGR TITLE ☐ Delete HERNANDEZ, GIUSEPPE C NAME STREET ADDRESS 1986 NW 104 AVE. STREET ADDRESS CITY-ST-7IP CORAL SPRINGS FL 33071 CITY-ST-ZIP TITLE MGR ☐ Delete TITLE LILA TERESA PIZZINO LILA TERESA PIZZINO NAME NAME STREET ADDRESS 1986 NW 104 AVE. STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33071 CITY-ST-ZIP TITLE Delete TITLE NAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CETY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

GING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED