2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
May 08, 2008 8:00 am
Secretary of State
05-08-2008 90102 012 ***138.75

DOCUMENT # L03000005884

1. Entity Name

TEAL BLUE, LLC

Principal Place of Business	Mailing Address
138 LIVEOAK AVENUE DAYTONA BEACH FL 32114-4912	138 LIVEOAK AVENUE DAYTONA BEACH FL 32114-4912

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
115 Hires Rd, [redacted]	P.O. Box 537
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Georgetown, FL	City & State: Georgetown, FL
Zip: 32139 Country: [redacted] USA	Zip: 32139 Country: USA

4. FEI Number: 06-1693986 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KEARN, JAMES J PA 138 LIVEOAK AVENUE DAYTONA BEACH FL 32114-4912	Name: MARCEILE S. BROTHERTON Street Address (P.O. Box Number is Not Acceptable): 115 Hires Rd - ~~P.O. Box 537~~ City: Georgetown FL Zip Code: 32139

8. The abovenamed 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: Marceile S. Brotherton DATE: 3/22/08
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BROTHERTON, MARCEILE S		NAME		
STREET ADDRESS	PO BOX 537		STREET ADDRESS		
CITY-ST-ZIP	GEORGETOWN FL 32139		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		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Marceile S. Brotherton 3/22/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #