

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000013345

1. Entity Name
BLUE FISH, LLC



Principal Place of Business
1725 UNIVERSITY DRIVE
450
CORAL SPRINGS, FL 33071 US

Mailing Address
1725 UNIVERSITY DRIVE
450
CORAL SPRINGS, FL 33071 US



05022005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1075947

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUTTON, SAMUEL R PRES
1725 UNIVERSITY DRIVE
450
CORAL SPRINGS, FL 33071

**DO NOT WRITE
IN THIS SPACE**

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 reinstalling)

DATE

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
SUTTON, SAMUEL R PRES
1725 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33071

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000360993
05/05/05-80056-018 50.00

**DO NOT WRITE
IN THIS SPACE**

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

4/29/05 954/755-7003

Date

Daytime Phone #