

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 21, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000001275

1. Entity Name
KEEP IT BLUE, LLC



Principal Place of Business
**P.O. BOX 940605
MAITLAND, FL 32794**

Mailing Address
**P.O. BOX 940605
MAITLAND, FL 32794**



01092006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2429747

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PRATT, JAMES R ESQ
369 N. NW YORK AVE, 3RD FLOOR
WINTER PARK, FL 32789**

**DO NOT WRITE
IN THIS SPACE**

6. 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 re-registering)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CALHOUN, MICHAEL
1352 W LAKE COLONY DR
MAITLAND, FL 32751**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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03/04/06-80025-001 100.00

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IN THIS SPACE**

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 808, Florida Statutes.

SIGNATURE: _____

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

Date

Daytime Phone #

Michael Calhoun **2/3/06** **407 629 9304**