

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000009683

**FILED**  
**Mar 19, 2009**  
**Secretary of State**

**Entity Name:** BLACK AND BLUE SERVICES, LLC

**Current Principal Place of Business:**

7313 NE 1ST PLACE  
MIAMI, FL 33138

**New Principal Place of Business:**

**Current Mailing Address:**

7313 NE 1ST PLACE  
MIAMI, FL 33138

**New Mailing Address:**

**FEI Number:** 20-2254812

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STUART, CARY  
3400 S.W. THIRD AVENUE  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

FRANCESCHI, LUIS A VP  
7311 NE 1ST PLACE  
MIAMI, FL 33138 US

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.

**SIGNATURE:** LUIS A FRANCESCHI

03/19/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** KUBLIN, BRETT  
**Address:** 7313 N.E. 1ST PLACE  
**City-St-Zip:** MIAMI, FL 33138

**Title:** MGRM ( ) Delete  
**Name:** KUBLIN, ALVIN E  
**Address:** 7313 N.E. 1ST PLACE  
**City-St-Zip:** MIAMI, FL 33138

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** LUIS A FRANCESCHI

VP

03/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date