

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90116 032 ***138.75

DOCUMENT # L04000035466

1. Entity Name
BLUSH INVESTMENTS, LLC



Principal Place of Business
**676 SANTA ROSA BOULEVARD
SUITE 7NO
FORT WALTON BEACH, FL 32548 US**

Mailing Address
**406 RIDGEWOOD CIRCLE
DESTIN, FL 32541 US**

2. Principal Place of Business - No P.O. Box #
836 Tropic Ave
Suite, Apt. #, etc.

3. Mailing Address
836 Tropic Ave
Suite, Apt. #, etc.



03212008 Chg-LLC CR2E083 (12/06)

City & State
Fort Walton Beach, FL
Zip
32548
Country
USA

City & State
Fort Walton Beach FL
Zip
32548
Country
USA

4. FEI Number
30-0249795
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CUNNINGHAM, ROBERT E MGRM
406 RIDGEWOOD CIRCLE
DESTIN, FL 32541**

7. Name and Address of New Registered Agent

Name
Cunningham, Robert E MGRM
Street Address (P.O. Box Number is Not Acceptable)

836 Tropic Ave

City
Fort Walton Beach

FL

Zip Code
32548

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 reinstating)

3/21/08
DATE

**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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CUNNINGHAM, ROBERT E DR
406 RIDGEWOOD CIRCLE
DESTIN, FL 32541** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CUNNINGHAM, BARBARA M
406 RIDGEWOOD CIRCLE
DESTIN, FL 32541** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PARKHURST, ANGELA
676 SANTA ROSA BOULEVARD, SUITE 7NO
FORT WALTON BEACH, FL 32548** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
COZZI, DONA M
326 SAILFISH CIRCLE
DESTIN, FL 32541** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CHEFERO, MARLENE
942 SHADRACH DR
NEW MARKET, ON L3X-2H4** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MONTALTO, SHERIE
423 CAVIAR DR
FORT WALTON BEACH, FL 32548** ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**836 Tropic Ave
FT WALTON Beach, FL 32548** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**836 Tropic Ave
FT WALTON Beach, FL 32548** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**53NE Yacht Club Dr
FORT WALTON Beach, FL 32548** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 ☐ Change ☐ Addition

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 608, Florida Statutes.

SIGNATURE:

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

3/21/08

850-226-6052

Date

Daytime Phone #