

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000050760

Entity Name: BLUE MULE, L.L.C.

FILED  
Apr 30, 2009  
Secretary of State

**Current Principal Place of Business:**

813 N A1A  
NEW SMYRNA BEACH, FL 321702279 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2279  
NEW SMYRNA BEACH, FL 321702279 US

**New Mailing Address:**

813 N A1A  
NEW SMYRNA BEACH, FL 321702279 US

FEI Number: 36-4557632

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

HANSEN, DAVID J MR.  
813 N A1A  
NSB, FL 321692309 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HANSEN, DAVID J  
Address: 813 NORTH ATLANTIC AVENUE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: MGR ( ) Delete  
Name: HANSEN, KAREN L  
Address: 813 NORTH ATLANTIC AVENUE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

**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: DAVID J HANSEN

MGR

04/30/2009

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