

***2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000061808

1. Entity Name
4KY BLUE, LLC



Principal Place of Business
**33507 US HWY 19 N
PALM HARBOR, FL 34684**

Mailing Address
**33507 US HWY 19 N
PALM HARBOR, FL 34684**



02272006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1524675

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**OLIVER, CHERYL J
1165 OLDSMAR AVENUE
SPRING HILL, FL 34608**

**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 reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2008**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CHANDLER, E. THOMAS
1165 OLDSMAR AVE
SPRING HILL, FL 34608**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CHANDLER, CAROL J
1165 OLDSMAR AVE
SPRING HILL, FL 34608**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
OLIVER, RONALD E
1165 OLDSMAR AVE
SPRING HILL, FL 34608**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
OLIVER, CHERYL J
1165 OLDSMAR AVE
SPRING HILL, FL 34608**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000547093
05/12/06-80010-014 50.00

**DO NOT WRITE
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 605, Florida Statutes.

SIGNATURE: _____

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

Date

Overtime Phone #

04/26/06

727.784.4134