

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 19, 2006 8:00 am**  
**Secretary of State**

07-19-2006 90092 046 \*\*\*\*50.00

**DOCUMENT # L04000071406**

1. Entity Name  
**BLUE STAR PRODUCTS, LLC**



Principal Place of Business  
1230 HEMINGWAY DRIVE  
FT. MYERS, FL 33912

Mailing Address  
1230 HEMINGWAY DRIVE  
FT. MYERS, FL 33912

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07112006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
72-1587627

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUSS, ROBERT V ESQ.  
C/O TAYLOR, STEWART, HOUSTON & DUSS, P.A.  
1050 RIVERSIDE AVE.  
JACKSONVILLE, FL 32204

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 September 6, 2006**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
ROTH, RAYMOND  
1641-4 PARK MEADOWS DRIVE  
FT. MYERS, FL 33907 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
ROTH, RAYMOND  
1230 HEMINGWAY DRIVE  
FT. MYERS, FL 33907 ☒ Change ☐ Addition

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

7/17/06 239-461-033  
Date Daytime Phone #