

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90041 019 ****50.00

DOCUMENT # L04000089203

1. Entity Name
PEACOCK BLUE, LLC.



Principal Place of Business
**1666 KENNEDY CAUSEWAY
706
NORTH BAY VILLAGE, FL 33141**

Mailing Address
**1666 KENNEDY CAUSEWAY
706
NORTH BAY VILLAGE, FL 33141**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07122005 Chg-LLC CR2E083 (10/03)

4. FEI Number

36-4565789

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GAMARRA, ORLANDO JR.
20616 NE 9TH PL.
N. MIAMI BEACH, FL 33179**

7. Name and Address of New Registered Agent

Name **GAMARRA, ORLANDO JR.**

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

18851 NE 29 AVENUE SUITE 715

City **AVENTURA**

FL Zip Code **33180**

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 7, 2005**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
GAVIRIA, JUAN C
1666 KENNEDY CAUSEWAY SUITE 706
NORTH BAY VILLAGE, FL 33141** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
BELTRAN, ADAN
CALLE ECUADOR QUINTA MARLY TERRAZA "A"
CARACAS, VENEZUELA, DF 1080** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #