

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000012266

**FILED**  
**Mar 01, 2011**  
**Secretary of State**

**Entity Name:** BLUE OX ENTERPRISES, LLC

**Current Principal Place of Business:**

235 N LONGWOOD ST  
LONGWOOD, FL 32750 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 520986  
LONGWOOD, FL 32752 US

**New Mailing Address:**

**FEI Number:** 20-2296476

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEMBRICH, MATHEW  
235 N LONGWOOD ST  
LONGWOOD, FL 32750 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  
Name: LEMBRICH, STEVE  
Address: 1690 19TH STREET  
City-St-Zip: ORANGE CITY, FL 32763 US

Title: MGR  
Name: LEMBRICH, MATHEW  
Address: 193 SUNNYDALE DR  
City-St-Zip: DEBARY, FL 32713 US

Title: MGR  
Name: LEMBRICH, SCOTT  
Address: 1379 WHITEWOOD DRIVE  
City-St-Zip: DELTONA, FL 32725 US

I hereby 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: MATT LEMBRICH

MANA

03/01/2011

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