

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000026150

1. Limited Liability Company's Name

Blue Partners, LLC

2. Principal Office Address - No P.O. Box #
1842 IVANHOE ROAD

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32804

Country

3. Mailing Office Address

1842 IVANHOE ROAD

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32804

Country

8. Name and Address of Current Registered Agent

Name

Allen West

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

1842 IVANHOE ROAD

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32804

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

**Signature of
Registered Agent**

REGISTERED AGENT MUST SIGN

Date **10-18-12**

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Allen West, JR	1842 IVANHOE ROAD	ORLANDO, FL, 32804
MGRM	Grady Davis, JR	1936 Lonhill Dr	Collierville, TN, 38017
MGRM	Shane Folds	2301 KILDARE DRIVE	OVIDO, FL, 32766

REINSTATEMENT 08-12

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

**Signature of Managing
Member/Manager**

Date **10/18/2012**

Daytime Phone # **407-718-5165**

Typed or printed name of signing Managing Member/Manager **Grady Davis**

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
900241795103
11/14/12--01008--018 **793.00

CR2E041 (1/11)

4. State/Country of Formation
Florida/ US

5. Date Organized or Qualified
To Do Business in Florida **3/16/05**

6. FEI Number
20-2502089

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status

E-mail Address:

gradysdavis@gmail.com

(To be used for future annual report notices)