

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000027371**

1. Entity Name  
**BLUEWATER FINISHING, LLC**



Principal Place of Business  
**5814 SEAGRAPE DR  
FORT PIERCE, FL 34982**

Mailing Address  
**5814 SEAGRAPE DR  
FORT PIERCE, FL 34982**



01082008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2570812**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BLANDFORD, MELISSA C  
5814 SEAGRAPE DR  
FORT PIERCE, FL 34982**

**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

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**B. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	BLANDFORD, ALAN D
STREET ADDRESS	5814 SEAGRAPE DR
CITY-ST-ZIP	FORT PIERCE, FL 34982
TITLE	MGR
NAME	STUTZMAN, JIM W
STREET ADDRESS	561 NW HAVEN ST
CITY-ST-ZIP	PORT ST LUCIE, FL 34982
TITLE	MGRM
NAME	BLANDFORD, MELISSA C
STREET ADDRESS	5814 SEAGRAPE DR
CITY-ST-ZIP	FORT PIERCE, FL 34982
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/15/08-80027-023 143.75

**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 608, Florida Statutes.

**SIGNATURE:**

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

Date

Daytime Phone #