

**007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 A
Secretary of State

DOCUMENT # L05000033802

1. Entity Name
BLUE ROYAL SERVICE LLC



Principal Place of Business
**13750 W DIXIE HWY
NORTH MIAMI, FL 33161**

Mailing Address
**PO BOX 611627
NORTH MIAMI, FL 33261**



02122007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2635706

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MONTECALVO, CARLOS J
21396 MARINA COVE CIR
J15
AVENTURA, FL 33180**

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MONTECALVO, CARLOS J
21396 MARINA COVE CIR #J15
AVENTURA, FL 33180**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MONTECALVO, MARIO J
3702 NE 171 ST NO. 9
NORTH MIAMI BEACH, FL 33160**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BORRONI, JUAN P
3702 NE 171 ST NO. 9
NORTH MIAMI BEACH, FL 33160**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DELL-AQUILA, ROBERTO
3702 NE 171 ST NO. 9
NORTH MIAMI BEACH, FL 33160**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000656265
03/14/07-80018-017 50.00

**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 #