

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000092334

1. Entity Name
OCEAN BLUE LLC



FILED

06 JUL 18 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
43 FISHING VILLAGE DRIVE
KEY LARGO, FL 33037

Mailing Address
43 FISHING VILLAGE DRIVE
KEY LARGO, FL 33037

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MACKAY, WADE F
43 FISHING VILLAGE DRIVE
KEY LARGO, FL 33037

Name

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

City

FL

Zip Code

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, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MACKAY, WADE F
43 FISHING VILLAGE DRIVE
KEY LARGO, FL 33037 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
05/01/06 90056 021 \$50.00

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CITY-ST-ZIP
☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

WADE F MACKAY 4-27-06 3055220596