

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000002464

Entity Name: BLUE SKY SALES LLC

FILED
Apr 04, 2007
Secretary of State

Current Principal Place of Business:

8435 KATHLEEN ROAD
LAKELAND, FL 33810 US

New Principal Place of Business:

8768 S.W. TURKEY TRAIL
ARCADIA, FL 34266 US

Current Mailing Address:

8435 KATHLEEN ROAD
LAKELAND, FL 33810 US

New Mailing Address:

8768 S.W. TURKEY TRAIL
ARCADIA, FL 34266 US

FEI Number: 59-3334911

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HUBBARD, MICHAEL J SR.
8435 KATHLEEN ROAD
LAKELAND, FL 33810 US

Name and Address of New Registered Agent:

HUBBARD, MICHAEL J SR.
8768 S.W. TURKEY TRAIL
ARCADIA, FL 34266 US

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: MICHAEL J HUBBARD SR

04/04/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HUBBARD, MICHAEL J SR
Address: 8435 KATHLEEN ROAD
City-St-Zip: LAKELAND, FL 33810 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HUBBARD, MICHAEL J SR
Address: 8768 S. W. TURKEY TRAIL
City-St-Zip: ARCADIA, FL 34266 US

Title: MGRM () Change (X) Addition
Name: MCCARTHY, ROSEMARY A
Address: 8768 S.W. TURKEY TRAIL
City-St-Zip: ARCADIA, FL 34266 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: MICHAEL J HUBBARD SR

MGRM

04/04/2007

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