

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000011417

Entity Name: BLUE BAY, LLC

FILED
Apr 22, 2008
Secretary of State

Current Principal Place of Business:

1640 SW 23RD AVENUE
FORT LAUDERDALE, FL 33312 US

New Principal Place of Business:

1140 NE 7TH AVENUE
2
FORT LAUDERDALE, FL 33304 US

Current Mailing Address:

1640 SW 23RD AVENUE
FORT LAUDERDALE, FL 33312 US

New Mailing Address:

1140 NE 7TH AVENUE
2
FORT LAUDERDALE, FL 33304 US

FEI Number: 20-4262986

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COON, THOMAS T JR.
888 S. ANDREWS AVENUE
SUITE 204
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

BEAULIEU, STEVEN T
1140 NE 7TH AVENUE
SUITE 2
FORT LAUDERDALE, FL 33304 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: STEVE BEAULIEU

04/22/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BEAULIEU, STEVEN T
Address: 1640 SW 23RD AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33312 US

Title: MGRM () Delete
Name: PETERSON, SHANE
Address: 4250 NE 27TH AVENUE
City-St-Zip: LIGHTHOUSE POINT, FL 33064 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: STEVE BEAULIEU

P

04/22/2008

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