


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L06000057897</b>	
1. Entity Name <b>BLUEINC, LLC</b>	

Principal Place of Business <b>1134 GINGER'S PLACE HOLT, FL 32564</b>	Mailing Address <b>1134 GINGER'S PLACE HOLT, FL 32564</b>
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DO NOT WRITE IN THIS SPACE



02292008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>74-3180104</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**ANCHORS, C. LEDON  
909 MAR WALT DRIVE  
SUITE 1014  
FORT WALTON BEACH, FL 32547**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MULLINS, ROBERT E 1134 GINGER'S PLACE HOLT, FL 32564
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MULLINS, VIRGINIA A 1134 GINGER'S PLACE HOLT, FL 32564
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04/02/08-80065-020 138.75

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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:** *Virginia A. Mullins* **Virginia A. Mullins** **3/10/08** **850-598-6885**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #