2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State
04-21-2008 90308 034 ***138.75

DOCUMENT # L06000098658

1. Entity Name
BLUE CLAW LLC

Principal Place of Business	Mailing Address
1895 SE GENARO TERRACE PORT ST LUCIE, FL 34952 US	1895 SE GENARO TERRACE PORT ST LUCIE, FL 34952 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1800 MANOR WAY	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State DELAND FL	City & State DELAND FL
Zip 32720 Country U.S.	Zip 32720 Country U.S.

04142008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5742238 ☐ Applied For ☐ Not Applicable

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
DARE, HARRY P 1895 SE GENARO TERRACE PORT ST LUCIE, FL 34952	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

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DARE, HARRY P 1895 SE GENARO TERRACE PORT ST LUCIE, FL 34952 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1800 MANOR WAY DELAND FL 32720
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DARE, LAURA 1895 SE GENARO TERRACE PORT ST LUCIE, FL 34952 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1800 MANOR WAY DELAND FL 32720
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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: Harry P Dare 4/16/08 386 985 9345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #