

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90172 010 ***138.75

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03162008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000111226 1. Entity Name BLUE VERSE CONSULTING LLC					
Principal Place of Business 2404 GALLERY VIEW DR, 4 WINTER PARK, FL 32792 US			Mailing Address 2404 GALLERY VIEW DR, 4 WINTER PARK, FL 32792 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 87-0787393 Applied For <input type="checkbox"/> Not Applicable	
City & State Zip Country		City & State Zip Country			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent SCOTT, SUSANNE 1536 GOLFSIDE DR. WINTER PARK, FL 32792				7. Name and Address of New Registered Agent Name SUSANNE SCOTT Street Address (P.O. Box Number is Not Acceptable) 2404 GALLERY VIEW DR. 4 City WINTER PARK FL Zip Code 32792	
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 <u>SUSANNE SCOTT</u> <u>Susanne A Scott</u> <u>3/22/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 LEVERENCE, WILLIAM 1536 GOLFSIDE DR. WINTER PARK, FL 32792	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2404 GALLERY VIEW DR. 4 WINTER PARK, FL 32792	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCOTT, SUSANNE A 1536 GOLFSIDE DR. WINTER PARK, FL 32792	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2404 GALLERY VIEW DR. 4 WINTER PARK, FL 32792	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>SUSANNE SCOTT</u> <u>Susanne A Scott</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>3/22/08</u> Daytime Phone # <u>407-257-6689</u>		