

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000037441

Entity Name: BLUERECORDS LLC

FILED  
Apr 01, 2010  
Secretary of State

**Current Principal Place of Business:**

10535 LEM TURNER RD., #1324  
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

11448 MONTEGO BAY DR. WEST  
JACKSONVILLE, FL 32218

**Current Mailing Address:**

10535 LEM TURNER RD., #1324  
JACKSONVILLE, FL 32218

**New Mailing Address:**

11448 MONTEGO BAY DR. WEST  
JACKSONVILLE, FL 32218

FEI Number: 20-8803883

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD  
SUITE A-100  
TAMPA, FL 336123425 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ROGERS, STEVEN J  
Address: 11448 MONTEGO BAY DR. WEST  
City-St-Zip: JACKSONVILLE, FL 32218

Title: MGRM  
Name: ROGERS, ADRIAN L  
Address: 11448 MONTEGO BAY DR. WEST  
City-St-Zip: JACKSONVILLE, FL 32218

Title: MGRM  
Name: ROGERS, AARON L  
Address: 11448 MONTEGO BAY DR. WEST  
City-St-Zip: JACKSONVILLE, FL 32218

Title: MGRM  
Name: JOHNSON, KIMBERLY  
Address: 11448 MONTEGO BAY DR. WEST  
City-St-Zip: JACKSONVILLE, FL 32218

Title: MGRM  
Name: MARTIN, JONATHAN T  
Address: 11448 MONTEGO BAY DR. WEST  
City-St-Zip: JACKSONVILLE, FL 32218

I hereby 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: STEVEN ROGERS

MGRM

04/01/2010

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