

**LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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DOCUMENT # **L07000046482**

1. Entity Name

**Blue Tees International, LLC.**



**SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**11 JUN -1 PM 3:33**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business - No P.O. Box #

**18240 County Line Rd.**

Suite, Apt. #, ect.

3. Mailing Address

**Same**

Suite, Apt. #, ect.

CR2E083B (1/11)

City & State

**Spring Hill, FL**

City & State

4. FEI Number

**59-3141746**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6.

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7. Name and Address of Current Registered Agent

Name **Enrique J. Victorino**

Street Address (P.O. Box Number is Not Acceptable)  
**18240 County Line Rd.**

City **Spring Hill**

**FL**

Zip Code **34610**

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

*Enrique J. Victorino*

Signature, typed or printed name of registered agent and title if applicable

**5-20-2011**

DATE

**January 1 - May 1 Fee is \$138.75**

**After May 1, Fee is \$538.75**

**Amended AR is \$50.00**

**Make Check Payable to Florida Department of State**

E-mail Address:

To be used for future annual report notices

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**Manager  
Enrique J. Victorino  
18240 County Line Rd.  
Spring Hill, FL 34610**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

10.

**400207573044**  
**05/12/11--01004--008 \*\*138.75**

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IN THIS SPACE**

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. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*Enrique J. Victorino*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone

**5-20-2011**  
**B Tadlock JUN 02 2011**