



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 09, 2008 8:00 am
Secretary of State

09-09-2008 90031 017 ***138.75

DOCUMENT # L07000065881					
1. Entity Name BLEUJAMAICA INTERNATIONAL SOLUTIONS LLC					
Principal Place of Business 1711 JEFFERSON ST HOLLYWOOD, FL 33020 US			Mailing Address 1711 JEFFERSON ST HOLLYWOOD, FL 33020 US		
2. Principal Place of Business - No P.O. Box # AS Above		3. Mailing Address PO Box 221971 252297			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07292008 Chg-LLC CR2E083 (12/06)	
City & State		City & State Hollywood		4. FEI Number 26-0411049	
Zip		Country 33022 USA		Applied For Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent TAX RECOVERY SERVICES INC 429 E SHERIDAN ST DANIA BEACH, FL 33004			7. Name and Address of New Registered Agent Name: NEJILA INNERARITY CLARKE Street Address (P.O. Box Number is Not Acceptable): 1711 Jefferson St City: Hollywood FL Zip Code: 33020		
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>Nejila Clarke</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE: <u>7/28/08</u>	
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM INNERARITY CLARKE, NEJILA C <input type="checkbox"/> Delete 1711 JEFFERSON ST HOLLYWOOD, FL 33020				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
10. ADDITIONS/CHANGES					
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"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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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>Nejila Clarke</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date: <u>7/28/2008</u> Daytime Phone #: <u>954-925 7138</u>	