

LIMITED LIABILITY COMPANY ANNUAL REPORT

For Office Use Only

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DOCUMENT #

1. Entity Name

L07000072496

BLM CONSULTANTS LLC



FILED

2009 JUL -9 A 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1887 ARBOR DR.

Suite, Apt. #, etc.

3. Mailing Address

1887 ARBOR DR.

Suite, Apt. #, etc.

City & State

MELBOURNE, FL.

City & State

MELBOURNE, FL.

4. FEI Number

Applied For

☒ Not Applicable

Zip

32935

Country

BREVARD

Zip

32935

Country

BREVARD

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

CR2E083B (12/07)

6.

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7. Name and Address of Current Registered Agent

Name

CATHERINE MIRE

Street Address (P.O. Box Number is Not Acceptable)

775 RICHARD ST.

City

SATELLITE BEACH

FL

Zip Code

32937

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

*MGRM
B.P. SMATHERS
1887 ARBOR DR.
MELBOURNE, FL. 32935*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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CITY-ST-ZIP

10.

100132922881
*07/15/08--01009--012 **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.

SIGNATURE

B.P. Smathers B.P. SMATHERS

5/19/08

321 757 7976

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

Date

Daytime Phone #