

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000038768

FILED  
Apr 01, 2009  
Secretary of State

Entity Name: BLUE OCEAN SOLUTIONS, LLC

**Current Principal Place of Business:**

4813 SW 157TH WAY  
MIRAMAR, FL 33027

**New Principal Place of Business:**

4813 SW 157TH WAY  
MIRAMAR, FL 33027 US

**Current Mailing Address:**

PO BOX 823311  
PEMBROKE PINES, FL 330823311

**New Mailing Address:**

4813 SW 157TH WAY  
MIRAMAR, FL 33027 US

FEI Number: 26-2423246

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RAMOS, CONSTANZA  
4813 SW 157TH WAY  
MIRAMAR, FL 33027 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: MGR ( ) Delete  
Name: RAMOS, CONSTANZA  
Address: 4813 SW 157TH WAY  
City-St-Zip: MIRAMAR, FL 33027

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: RAMOS, HECTOR E  
Address: 4813 SW 157TH WAY  
City-St-Zip: MIRAMAR, FL 33027 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: HECTOR E RAMOS

MGR

04/01/2009

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