

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000003939

**FILED**  
**Apr 19, 2010**  
**Secretary of State**

**Entity Name:** BLOOD MOON LLC

**Current Principal Place of Business:**

20434 SW 85TTH AVE  
CUTLER BAY, FL, 33189

**New Principal Place of Business:**

20434 SW 85TTH AVE  
CUTLER BAY, FL, FL 33189

**Current Mailing Address:**

20434 SW 85TTH AVE  
CUTLER BAY, FL, 33189

**New Mailing Address:**

20434 SW 85TTH AVE  
CUTLER BAY, FL, FL 33189

**FEI Number:** 26-4026911

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BONNEMAN, ERIC D  
20434 SW 85TH AVE  
CUTLER BAY, FL 33189 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: BONNEMAN, ERIC D  
Address: 20434 SW 85TH AVE  
City-St-Zip: CUTLER BAY, FL 33189

Title: MGRM  
Name: FIEDLER, MEREDITH F  
Address: 20434 SW 85TH AVE  
City-St-Zip: CUTLER BAY, FL 33189

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: ERIC BONNEMAN

MGRM

04/19/2010

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