

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000025064

Entity Name: TRUE BLUE BIZ LLC

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

16350 BRUCE B DOWNS BLVD  
# 46986  
TAMPA, FL 33647 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 46986  
TAMPA, FL 33646 US

**New Mailing Address:**

FEI Number: 26-4485647

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DORSETT, LYDIA  
16350 BRUCE B DOWNS BLVD.  
# 46986  
TAMPA, FL 33646 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: DORSETT, LYDIA G  
Address: 16350 BRUCE B DOWNS BLVD NO. 46986  
City-St-Zip: TAMPA, FL 33646 US

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: LYDIA DORSETT

MGR

04/30/2012

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