

L09000079181

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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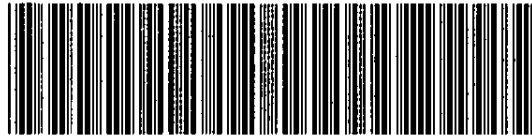
(Business Entity Name)

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DIVISION OF CORPORATIONS
09 DEC 31 AM 11:14

T. HAMPTON

JAN - 4 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLU INSURNACE GROUP LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAIMIN PATEL

Name of Person

Firm/Company

1752 OAK POND CT

Address

OLDSMAR FLORIDA 34677

City/State and Zip Code

AMINMIKE@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MAHESH AMIN

Name of Person

at ()

407 973 8882

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

BLU INSURNACE GROUP LLC

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JAIMIN PATEL	1752 OAK POND CT OLDSMAR FLORIDA 34677	☐ Add ☒ Remove
MGRM	JMJ INSURNACE SERVICE	1752 OAK POND CT OLDSMAR-FLORIDA 34677	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

NONE

Dated 12/28/2009

Signature of a member or authorized representative of a member

Jaimin Patel
Typed or printed name of signee

09 DEC 31 AM 11:14
SECRETARY OF STATE
DIVISION OF CORPORATIONS