

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000113916

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** BLUELINE INVESTIGATIONS, LLC

**Current Principal Place of Business:**

591 NW 82ND WAY  
PEMBROKE PINES, FL 33029 US

**New Principal Place of Business:**

13762 W. STATE ROAD 84  
SUITE 421  
DAVIE, FL 33325 US

**Current Mailing Address:**

591 NW 82ND WAY  
PEMBROKE PINES, FL 33029 US

**New Mailing Address:**

13762 W. STATE ROAD 84  
SUITE 421  
DAVIE, FL 33325 US

**FEI Number:** 27-1385236

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FANDREY, RICK  
591 NW 82ND WAY  
PEMBROKE PINES, FL 33029 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:** ROBERTS, PATRICK  
**Address:** 2130 SW 51ST TERRACE  
**City-St-Zip:** PLANTATION, FL 33314 US

**Title:** MGRM  
**Name:** FISTEN, MIKE  
**Address:** 1403 S. GABRIELLE LANE, #3211  
**City-St-Zip:** WESTON, FL 33326 US

**Title:** MGRM  
**Name:** FANDREY, RICK  
**Address:** 591 NW 82ND WAY  
**City-St-Zip:** PEMBROKE PINES, FL 33029 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:** MIKE FISTEN

MGRM

04/29/2011

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