

L14000005700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

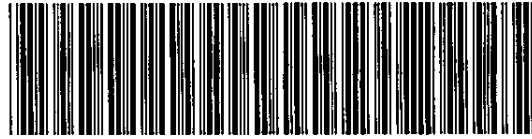
(Business Entity Name)

(Document Number)

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SECURITY FILE  
FALLMONT, NJ 08040

JUL 01 2014  
S. YOUNG

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BLUE SEA VENTURE 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:

SPARTA NICHOLAUDIS

Name of Person

BLUE SEA VENTURE LLC

Firm/Company

4812 64<sup>TH</sup> DR W

Address

BRADENTON, FL 34210

City/State and Zip Code

GBN@ATHENSGREECE.COM

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

For further information concerning this matter, please call:

SPARTA NICHOLAUDIS

Name of Person

at ( 941 )

Area Code

962-0462

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

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TALLAHASSEE, FL 32301  
SECRETARY OF STATE

BLUE SEA VENTURE LLC

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**MGR = Manager**  
**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	TED NICHOLAUDIS	4812 64 <sup>TH</sup> DR W	<input type="checkbox"/> Add
		BRADENTON, FL 34210	<input checked="" type="checkbox"/> Remove

MGR      CHRISTOS NICHOLAUDIS      4812 64<sup>TH</sup> DR W      ☒ Add  
BRADENTON, FL 34210      ☐ Remove

MGR FLORA NICHOLANDIS 4812 64<sup>TH</sup> DR W ☒ Add  
BRADENTON, FL 34210 ☐ Remove

\_\_\_\_\_ ☐ Add

\_\_\_\_\_ ☐ Remove

[illegible]

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

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)*

Dated JUNE 25, 2014 . \_\_\_\_\_



Signature of a member or authorized representative of a member

SPARTA NICHOLAUDIS

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

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SECRETARY OF STATE  
TALLAHASSEE, FL 32399