

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004252

1. Entity Name

BLUE SKY TECHNOLOGY SERVICES, LLC

FILED -
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP -8 AM 10:02

Principal Place of Business

4731 WEST ATLANTIC AVE., SUITE B-11
DELRAY BEACH FL 33445-3866

Mailing Address

4731 WEST ATLANTIC AVE., SUITE B-11
DELRAY BEACH FL 33445-3838



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4731 West Atlantic Ave

3. Mailing Address

4731 West Atlantic Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite B-8

Suite B-8

City & State

City & State

Delray Beach, FL

Delray Beach, FL

Zip

Zip

Country

Country

33445-3866

33445-3866

4. FEI Number

65-0945701

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SARIAN, LORI C
4545 N. BARWICK RANCH CIRCLE
DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE NAME MGR
STREET ADDRESS SARIAN, LORI C
CITY- ST- ZIP 4545 N. BARWICK RANCH CIRCLE
DELRAY BEACH FL 33445

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

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10. ADDITIONS / CHANGES

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME
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TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)