

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000012266

**Entity Name:** BLUE OX ENTERPRISES, LLC

**Current Principal Place of Business:**

235 N LONGWOOD ST  
LONGWOOD, FL 32750

**Current Mailing Address:**

PO BOX 520986  
LONGWOOD, FL 32752 US

**FEI Number:** 20-2296476

**Certificate of Status Desired:** No

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

LEMBRICH, MATHEW  
235 N LONGWOOD ST  
LONGWOOD, FL 32750 US

*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

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	LEMBRICH, STEVE	Name	LEMBRICH, MATHEW
Address	1690 19TH STREET	Address	193 SUNNYDALE DR
City-State-Zip:	ORANGE CITY FL 32763	City-State-Zip:	DEBARY FL 32713
Title	MGR		
Name	LEMBRICH, SCOTT		
Address	1379 WHITEWOOD DRIVE		
City-State-Zip:	DELTONA FL 32725		

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MATHEW LEMBRICH

**MEMBER OFFICER**

**04/30/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date