

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000079181

**Entity Name:** BLU INSURANCE GROUP LLC

**Current Principal Place of Business:**

615 W DELEON  
TAMPA, FL 33606

**Current Mailing Address:**

4907 BAYSHORE BLVD  
#109  
TAMPA, FL 33611

**FEI Number:** 27-0747856

**Certificate of Status Desired:** No

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

DEEPAK, JAKHOTIA  
4907 BAYSHORE BLVD  
#109  
TAMPA, FL 33611 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 MGRM  
Name DEEPAK, JAKHOTIA P  
Address 4907 BAYSHORE BLVD #109  
City-State-Zip: TAMPA FL 33611

Title MGRM  
Name DEEPAK, JAKHOTIA  
Address 4097 BAYSHORE BLVD  
City-State-Zip: TAMPA FL 33611

*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:** DEEPAK JAKHOTIA

**MANGER**

**04/03/2014**

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

\_\_\_\_\_  
Date