

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000063266

**Entity Name:** BLUE RIVER CONSULTING, LLC

**Current Principal Place of Business:**

3915 DUMFRIES CT.  
APOPKA, FL 32712

**Current Mailing Address:**

3915 DUMFRIES CT.  
APOPKA, FL 32712

**FEI Number:** 27-2856573

**Certificate of Status Desired:** No

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

VAN SLYKE, RICHARD  
3915 DUMFRIES CT.  
APOPKA, FL 32712 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 MM  
Name VAN SLYKE, RICHARD N  
Address 3915 DUMFRIES CT.  
City-State-Zip: APOPKA FL 32712

*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:** RICHARD N. VAN SLYKE

**MANAGING MEMBER**

**02/05/2014**

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

\_\_\_\_\_  
Date