

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000152384

Entity Name: ASTS BLUE MOON, LLC

Current Principal Place of Business:

1104 N COLLIER BLVD.
MARCO ISLAND, FL 34145

Current Mailing Address:

1104 N COLLIER BLVD.
MARCO ISLAND, FL 34145

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GREUSEL, JAMIE B
1104 N. COLLIER BLVD.
MARCO ISLAND, FL 34145 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 AMBR
Name CRASSAERTS, ANDRE F
Address 4166 JAMES RIVER ROAD
City-State-Zip: NEW ALBANY OH 43054

Title AMBR
Name CRASSAERTS, SUSAN
Address 4166 JAMES RIVER ROAD
City-State-Zip: NEW ALBANY OH 43054

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: SUSAN CRASSAERTS

AMBR

03/13/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date