

**2018 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:** JAMIE B GREUSEL

02/10/2018

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

02/10/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date