

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000159058

**Entity Name:** BLUE RING STENCILS LLC

**Current Principal Place of Business:**

715 NORTH DRIVE SUITE C  
WEST MELBOURNE, FL 32934

**Current Mailing Address:**

140 MT. HOLLY BY-PASS, UNIT 10  
LUMBERTON, NJ 08048

**FEI Number:** 82-1956577

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC.  
7901 4TH STREET NORTH  
SUITE 300  
ST.PETERSBURG, FL 33702 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	MGRM
Name	OLSON, LISA	Name	SCIMECA, MICHAEL
Address	1309 N 17TH AVE	Address	1309 N 17TH AVE
City-State-Zip:	GREELEY CO 80631	City-State-Zip:	GREELEY CO 80631
Title	MGRM		
Name	COX, FREDERICK		
Address	140 MT. HOLLY BY-PASS, UNIT 10		
City-State-Zip:	LUMBERTON NJ 08048		

*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:** LISA OLSON

**MANAGER**

**07/20/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date