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

SIGNATURE: ASHLEY BARRETT BLOOM

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L10000118997

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: ASHLEY BARRETT BLOOM LLC

Current Principal Place of Business:

1551 HANSEN STREET SARASOTA, FL 34231

Current Mailing Address:

1551 HANSEN STREET SARASOTA, FL 34231

FEI Number: 27-4149311

Name and Address of Current Registered Agent:

BLOOM, ASHLEY BARRETT 2044 CONSTITUTION BOULEVARD SARASOTA, FL 34231 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:	ASHLEY BARRETT BLOOM			04/23/2019
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGR	Title	MGR	
Name	BLOOM, ASHLEY	Name	BLOOM, STACEY	
Address	1551 HANSEN STREET	Address	1551 HANSEN STREET	
City-State-Zip:	SARASOTA FL 34231	City-State-Zip:	SARASOTA FL 34231	

that my name appears above, or on an attachment with all other like empowered.

MANAGER

04/23/2019

FILED Apr 23, 2019 Secretary of State 3726105294CC

Certificate of Status Desired: No

Date