

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000091867

**Entity Name:** 1925 BLOOMINGTON LLC

**Current Principal Place of Business:**

1925 BLOOMINGTON AVE.  
TALLAHASSEE, FL 32304

**Current Mailing Address:**

1590 SHADOWMOSS CIRCLE  
LAKE MARY, FL 32746 US

**FEI Number:** 41-6646453

**Certificate of Status Desired:** No

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

EVANS, JON C  
1590 SHADOWMOSS CIRCLE  
LAKE MARY, FL 32746 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	ASSISTANT MANAGER
Name	EVANS, JON C	Name	EVANS, LINDA
Address	1590 SHADOWMOSS CIRCLE	Address	1590 SHADOWMOSS CIRCLE
City-State-Zip:	LAKE MARY FL 32746	City-State-Zip:	LAKE MARY FL 32746

*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:** LINDA EVANS

ASST. MGR.

08/30/2017

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

\_\_\_\_\_ Date