## 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000104197

Entity Name: BLOOM ACADEMY PUNTA GORDA, LLC

**Current Principal Place of Business:** 

1291 CAPRICON BLVD PORT CHARLOTTE, FL 33983

**Current Mailing Address:** 

1291 CAPRICON BLVD

PORT CHARLOTTE. FL 33983

FEI Number: 45-3802062 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KENNEDY, CASEY J 425 WEST HELEN AVE PUNTA GORDA, FL 33950 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

FILED Mar 04, 2016

**Secretary of State** 

CC4636805129

## Authorized Person(s) Detail:

Title MGR

Name KENNEDY, CASEY J
Address 425 WEST HELEN AVE
City-State-Zip: PUNTA GORDA FL 33950

SIGNATURE: CASEY KENNEDY

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.

Electronic Signature of Signing Authorized Person(s) Detail

OWNER

03/04/2016

Date