

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000034778

**Entity Name:** BLOOM SECURITIES, LLC

**Current Principal Place of Business:**

21500 BISCAYNE BLVD., #403  
MIAMI, FL 33180

**Current Mailing Address:**

21500 BISCAYNE BLVD., #403  
MIAMI, FL 33180 US

**FEI Number:** 36-4835253

**Certificate of Status Desired:** No

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

THE BLOOM ORGANIZATION, LLC  
21500 BISCAYNE BLVD., #403  
MIAMI, FL 33180 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            AMBR  
Name            THE BLOOM ORGANIZATION II, INC  
Address        21500 BISCAYNE BLVD., #403  
City-State-Zip: MIAMI FL 33180

Title            MGR  
Name            GOETTLING, ROBERT C  
Address        21500 BISCAYNE BLVD., #403  
City-State-Zip: MIAMI FL 33180

*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:** HENRY BLOOM

**MANAGER**

**04/30/2018**

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

\_\_\_\_\_  
Date