

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000002138

**Entity Name:** GWEN D BLOOM, PLLC

**Current Principal Place of Business:**

725 LAKE AVE.  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

PO BOX 160338  
ALTAMONTE SPRINGS, FL 32716-0338 US

**FEI Number:** 20-2143220

**Certificate of Status Desired:** No

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

BLOOM, GWEN D  
725 LAKE AVE.  
ALTAMONTE SPRINGS, FL 32701 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            BLOOM, GWEN D  
Address        PO BOX 160338  
City-State-Zip: ALTAMONTE SPRINGS FL 32716-0338

*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:** GWEN D BLOOM

**AUTHORIZED MEMBER**

**01/04/2024**

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

\_\_\_\_\_  
Date