

2019 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: NOT APPLICABLE

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

MANAGER

01/10/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date