

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000003289

**Entity Name:** DAVID GIL BLOOM, DMD, PLLC

**Current Principal Place of Business:**

7435 AVENIDA DEL MAR  
#2803  
BOCA RATON, FL 33433

**Current Mailing Address:**

7435 AVENIDA DEL MAR  
#2803  
BOCA RATON, FL 33433 US

**FEI Number:** 81-4899766

**Certificate of Status Desired:** No

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

BLOOM, DAVID G  
7435 AVENIDA DEL MAR  
#2803  
BOCA RATON, FL 33433 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, DAVID G  
Address 7435 AVENIDA DEL MAR #2803  
City-State-Zip: BOCA RATON FL 33433

*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:** DAVID GIL BLOOM

**OWNER**

**06/10/2020**

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

\_\_\_\_\_  
Date