

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000256362

Entity Name: BLOOMINGDALE INSURANCE SERVICES, LLC

Current Principal Place of Business:

2230 LITHIA CENTER LN
VALRICO, FL 33596

Current Mailing Address:

2230 LITHIA CENTER LN
VALRICO, FL 33596 US

FEI Number: 82-3726256

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ELLSWORTH, ANNA
2230 LITHIA CENTER LN
VALRICO, FL 33596 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 MGR
Name ELLSWORTH, ANNA
Address 2230 LITHIA CENTER LN
City-State-Zip: VALRICO FL 33596

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: ANNA ELLSWORTH

MGR

03/19/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date