

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000259591

**Entity Name:** JUSTIN D. BLOOM, L.L.C.

**Current Principal Place of Business:**

7121 ORCHID LAKE ROAD  
NEW PORT RICHEY, FL 34653

**Current Mailing Address:**

7121 ORCHID LAKE ROAD  
NEW PORT RICHEY, FL 34653 US

**FEI Number:** 84-3547846

**Certificate of Status Desired:** No

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

BLOOM, EVA M  
1301 NW 129TH WAY  
SUNRISE, FL 33323 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 BLOOM, JUSTIN D  
Address 7121 ORCHID LAKE ROAD  
City-State-Zip: NEW PORT RICHEY FL 34653

*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:** JUSTIN D BLOOM

**MANAGER**

**01/23/2021**

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

\_\_\_\_\_  
Date