

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000127581

Entity Name: BLOOM PELVIC THERAPY LLC

Current Principal Place of Business:

16540 POINTE VILLAGE DRIVE
209
LUTZ, FL 33558

Current Mailing Address:

16540 POINTE VILLAGE DRIVE
209
LUTZ, FL 33558 US

FEI Number: 86-2138516

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SARGENT, BRITTANEY L
16540 POINTE VILLAGE DRIVE
209
LUTZ, FL 33558 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 SARGENT, BRITTANEY L
Address 16540 POINTE VILLAGE DRIVE
209
City-State-Zip: LUTZ FL 33558

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: BRITTANEY L SARGENT

AMBR

04/08/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date