

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000158846

**Entity Name:** BLOOMING CAPITAL LLC

**Current Principal Place of Business:**

559 NE TWYLITE TER  
PORT ST LUCIE, FL 34983

**Current Mailing Address:**

559 NE TWYLITE TER  
PORT ST LUCIE, FL 34983 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

SAINT LOUIS, SABINE  
559 NW TWYLITE TER  
PORT ST LUCIE, FL 34983 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            SAINT LOUIS, SABINE  
Address        580 E 26TH ST APT 2  
City-State-Zip: BROOKLYN NY 11210

*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:** SABINE SAINT LOUIS

**MEMBER**

**08/25/2022**

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

\_\_\_\_\_ Date