

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000016709

**Entity Name:** FIELDS OF BLOOMS LLC

**Current Principal Place of Business:**

10450 DORAL BLVD  
SUITE 200  
DORAL, FL 33178

**Current Mailing Address:**

PO BOX 52-0647  
MIAMI, FL 33152 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

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

ALBERTO, MARIA  
6300 SW 75TH AVE  
MIAMI, FL 33143 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                          | Title           | AMBR                          |
| Name            | ALBERTO, MARIA                | Name            | ALBERTO, JOSE                 |
| Address         | 10450 DORAL BLVD<br>SUITE 200 | Address         | 10450 DORAL BLVD<br>SUITE 200 |
| City-State-Zip: | DORAL FL 33178                | City-State-Zip: | DORAL FL 33178                |

*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:** MARIA ALBERTO

**MGR**

**02/15/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date