

**2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L21000279500

**Entity Name:** BLOOM MOMENTS LLC

**Current Principal Place of Business:**

152 SUNNY ISLES BLVD  
UNIT 11  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

152 SUNNY ISLES BLVD  
UNIT 11  
SUNNY ISLES BEACH, FL 33160 US

**FEI Number:** 87-1256811

**Certificate of Status Desired:** Yes

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

PRECISION BUSINESS DEVELOPMENT INC  
240 W PALMETTO PARK RD  
SUITE 310  
BOCA RATON, FL 33432 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 ROCHA GILI ROMAN, LUCIANA  
Address 300 S BISCAYNE BLVD - APT 3408  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name LACERDA BRAMBILLA, FELIPE  
Address RUA PAES DE BARROS  
N 1899 APTO 161  
City-State-Zip: MOOCA SP 03115-001

Title MGR  
Name SAMPAIO SENA JR, JEDIEL  
Address RUA MARCOS LOPES  
N 233 APTO 81  
City-State-Zip: SAO PAULO SP 04513-080  
Title MANAGER  
Name PERADIN DE CASTRO, LEANDRO  
Address RUA BARTURITE 200  
APT 328  
City-State-Zip: SAO PAULO SAO PAULO 0153000

*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:** ROCHA GILI ROMAN, LUCIANA

AMBR

03/27/2023

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

\_\_\_\_\_  
Date