

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000363920

Entity Name: BLOOM HEALTHCARE SOLUTIONS LLC

Current Principal Place of Business:

6909 49TH COURT EAST
ELLENTON, FL 34222

Current Mailing Address:

6909 49TH COURT EAST
ELLENTON, FL 34222 UN

FEI Number: 87-2235986

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCOTT, THERESA D
6909 49TH COURT EAST
ELLENTON, FL 34222 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 SCOTT, THERESA D
Address 6909 49TH COURT EAST
City-State-Zip: ELLENTON FL 34222

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: THERESA D. SCOTT

OWNER

03/04/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date