

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000049099

**Entity Name:** BLOSSOM CARE LLC

**Current Principal Place of Business:**

2301 NW 102ND WAY  
PEMBROKE PINES, FL 33026

**Current Mailing Address:**

2301 NW 102ND WAY  
PEMBROKE PINES, FL 33026 US

**FEI Number:** 88-0627104

**Certificate of Status Desired:** No

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

CAIRO, MARISBEL  
2301 NW 102ND WAY  
PEMBROKE PINES, FL 33026 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 CAIRO, MARISBEL  
Address 2301 NW 102ND WAY  
City-State-Zip: PEMBROKE PINES FL 33026

*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:** MARISBEL CAIRO

MRG

04/25/2024

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

\_\_\_\_\_  
Date