

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000354613

**Entity Name:** BLOOM AYALON LLC

**Current Principal Place of Business:**

18891 NE 20TH CT  
NORTH MIAMI BEACH, FL 33179

**Current Mailing Address:**

18891 NE 20TH CT  
NORTH MIAMI BEACH, FL 33179 US

**FEI Number:** 93-2660669

**Certificate of Status Desired:** No

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

ROSEN, PHILIP  
200 SOUTH BISCAYNE BLVD., STE. 4100, M  
4100  
FORT LAUDERDALE, FL 33131 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 HARARI, DAVID  
Address 18891 NE 20TH CT  
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title MBR  
Name BRAVERMAN, SHAY  
Address 18891 NE 20TH CT  
City-State-Zip: NORTH MIAMI BEACH FL 33179

*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:** DAVID HARARI

**MGR**

**04/22/2024**

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

\_\_\_\_\_  
Date