FILED
May 24, 2002 8:00 am
Secretary of State
04-22-2002 90243 019 ****55.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000007448

1. Entity Name

RSVP-BLOOMINGDALE,LLC

DO NOT WRITE IN THIS SPACE

80151

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
27001 US HWY 19 N	27001 US HWY 19 N
Suite, Apt. #, etc.: SUITE 2095	Suite, Apt. #, etc.: SUITE 2095
City & State: CLEARWATER, FL	City & State: CLEARWATER, FL
Zip: 33761 Country: USA	Zip: 33761 Country: USA

4. FEI Number: 59-3717292 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: LOREN M POLLACK

Street Address (P.O. Box Number is Not Acceptable): 27001 US HWY 19 N

SUITE 2095

City: CLEARWATER FL Zip Code: 33761

8. 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: Loren M Pollack DATE: 5/6/02

Signature, typed or printed name of registered agent and title if applicable

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1.

9. MANAGING MEMBERS / MANAGERS

TITLE: MGRM NAME: LOREN M POLLACK STREET ADDRESS: 27001 US HWY 19 N, STE 2095 CITY-ST-ZIP: CLEARWATER, FL 33761	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: MGRM NAME: DAVID J SCHER STREET ADDRESS: 27001 US HWY 19 N, STE 2095 CITY-ST-ZIP: CLEARWATER, FL 33761	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: MGRM NAME: TYLER D REIER STREET ADDRESS: 132 WHITAKER ROAD CITY-ST-ZIP: LUTZ, FL 33549	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: MGRM NAME: GREG VAN BEBBER STREET ADDRESS: 132 WHITAKER ROAD CITY-ST-ZIP: LUTZ, FL 33549	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: By: Loren M Pollack LOREN M POLLACK 4/15/02 (727) 796-1077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #