

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90050 005 \*\*\*\*50.00

**DOCUMENT # L01000012055**

1. Entity Name

**BLOOMINGDEALS CONSIGNMENT, LLC**

Principal Place of Business

**2243 NE MARLBERRY LANE  
 JENSEN BEACH FL 34957**

Mailing Address

**2243 NE MARLBERRY LANE  
 JENSEN BEACH FL 34957**

**80102497**

2. Principal Place of Business

**3591 NW Federal Hwy.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Jensen Beach, FL**

City & State

4. FEI Number

**65-1123597**

Applied For

Not Applicable

Zip

**34957**

Country

**Martin**

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILSEY, CAROLYN  
 2243 NE MARLBERRY LANE  
 JENSEN BEACH FL 34957**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete  
 NAME **MGR**  
 STREET ADDRESS **WILSEY, CAROLYN**  
 CITY-ST-ZIP **2243 NE MARLBERRY LANE  
 JENSEN BEACH FL 34957**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

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:

**Carolyn Wilsey**  
**CAROLYN WILSEY**

**4/23/02 772-334-2845**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)