## **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000016631

1. Entity Name IN BLOOM FLORIST, LLC



Mailing Address

4085 L.B. MCLEOD RD., STE. A ORLANDO, FL 32811

Principal Place of Business

4085 L.B. MCLEOD RD., STE. A ORLANDO, FL 32811

## **FILED** Mar 19, 2007 08:00 AM **Secretary of State**



03152007 No Chg-LLC

CR2E083 (11/05)

4. FE! Number 59-3753438 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

YERGEY, DAVID A JR ESQ 211 N. MAGNOLIA AVE. ORLANDO, FL 32801

## DO NOT WRITE IN THIS SPACE

		ļ		
	named entity submits this statement for the purpose of challions of registered agent.	inging its registered o	office or registered agent, or both, in the	State of Florida. I am familiar with, and accept
SIGNATURE_				
Signature, typed or printed name of registered agent and total if applicable (NOTE: Registers			ant signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2007  9. MANAGING MEMBERS/MANAGERS				
TITLE	MGR			
NAME	KOBYLINSKI, JOHN			
STREET ADDRESS	4292 LILLIAN HALL LANE			
CITY-ST-ZIP	ORLANDO, FL 32812			
TITLE	MGR			and the second s

KOBYLINSKI, SALLY STREET ADDRESS **4292 LILLIAN HALL LANE** 

U00000673915 03/29/07-80048-012 50.00

CITY-ST-ZIP ORLANDO, FL 32812 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 DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 eath; 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:

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