

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 11, 2002 8:00 am**  
**Secretary of State**

07-11-2002 90246 034 \*\*\*\*50.00

**DOCUMENT # L01000019277**

1. Entity Name  
**BLOSSOM HOLDINGS, LLC**

*(P)*

Principal Place of Business  
**1390 Lake Josephine Dr.**  
**THONOTOSASSA FL 33592**  
**Sebring, Fl. 33875**

Mailing Address  
**11751 TAYLOR ROAD**  
**THONOTOSASSA FL 33592**  
**Sebring, Fl. 33875**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3759531**

Applied For

Not Applicable

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

**HIGH, PATRICK**  
**11751 TAYLOR ROAD**  
**THONOTOSASSA FL 33592**  
**Sebring, Fl. 33875**

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. I am familiar with, and accept the obligations of registered agent.

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 September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
**MGRM**  
 NAME  
**L & L LAND CONSULTING, INC.**  
 STREET ADDRESS  
**11751 TAYLOR ROAD**  
 CITY-ST-ZIP  
**THONOTOSASSA FL 33592 Sebring, Fl 33875**

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

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

TITLE  
 NAME  
 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:** *(Signature)*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**7/5/02**  
**863655 1006**  
 Date Daytime Phone #

CR2E083 (4/02)