## FILED May 12, 2003 8:00 am Secretary of State

04-23-2003 90230 048 \*\*\*\*50.00 DOCUMENT# LU2UUUU25/23 **BLOOMINGDALE PARTNERS. LLC** Principal Place of Business Mailing Address 44001477 1123 OVERCASH DRIVE 1123 OVERCASH DRIVE DUNEDIN FL 34698 DUNEDIN FL 34698 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VIETTO, DANIEL L Street Address (P.O. Box Number is Not Acceptable) 1123 OVERCASH DRIVE **DUNEDIN FL 34698** City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when relinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES Marc TITLE TITLE Addition ☐ Delete Change Daniel Lilietto NAME STREET ADDRESS STREET ADDRESS 1123 Dercach Drive CITY-ST-ZIP CITY-ST-7IP 34698 Dunedin FL ☐ Delete MLE Mule Chance Addition mgr NAME David S. Cora STREET ADDRESS STREET ADDRESS 1123 Dereash Drue CITY-ST-ZIP .CITY-ST-ZP.\_ Addition Dalete TITLE Change Jeffery T. Surrency NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Dunedin FL 34698 ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Caty-51-7(P The best not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the based to execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the information supplied Indicated on this report is true and acclimited liability company or the receive mate and the REQUIRED SIGNATURE:

44001477

## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

April 30, 2003

BLOOMINGDALE PARTNERS, LLC 1123 OVERCASH DRIVE DUNEDIN, FL 34698

Subject: BLOOMINGDALE PARTNERS, LLC

Reference Number:

L02000025723

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JG
ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6478 - Tallahassee, Florida 32314