

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90153 044 \*\*\*\*50.00

**DOCUMENT # L04000042246**

1. Entity Name

**BLOOM'S CONTRACTOR SERVICES, LLC**



Principal Place of Business

ROUTE 2 BOX 617, M-25  
LAKE BUTLER FL 32054  
US

Mailing Address

ROUTE 2 BOX 617, M-25  
LAKE BUTLER FL 32054  
US

2. Principal Place of Business

**837 FIELD ST.**

3. Mailing Address

**837 FIELD ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**OVIEDO, FLORIDA**

City & State

**OVIEDO, FLORIDA**

Zip

**32765**

Country

**SEMINOLE**

Zip

**32765**

Country

**SEMINOLE**

4. FEI Number

**20-1274295**

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

**BLOOM, DAVID S**  
**ROUTE 2 BOX 617, M-25**  
**LAKE BUTLER FL 32054**

**837 FIELD ST**  
**OVIEDO, FL 32765**

Name

**N/A**

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 Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM**  
**BLOOM, DAVID S**  
**ROUTE 2 BOX 617, M-25**  
**LAKE BUTLER FL 32054**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**837 FIELD ST.**  
**OVIEDO, FL 32765**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM**  
**KNISELY, ADAM P**  
**171 SE MISTY GLEN**  
**LAKE CITY FL 32024**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

**David S Bloom**

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

**2-17-05**

**352-339-1607**

Date

Daytime Phone #