

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 03, 2005 8:00 am
Secretary of State

05-16-2005 90041 007 ****50.00

DOCUMENT # L04000071156

1. Entity Name
HOMEBLOSSOM.COM REALTY, LLC



Principal Place of Business
6685 FOREST HILL BLVD.
SUITE 205
GREENACRES, FL 33413

Mailing Address
6685 FOREST HILL BLVD.
SUITE 205
GREENACRES, FL 33413

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05032005 Chg-LLC CR2E083 (10/03)

4. FEI Number

20-1693431

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD.
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name CHARLES MINEO

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

6685 FOREST HILL BLVD #205

City WEST PALM BEACH

FL

Zip Code 33413

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)

5/03/05

DATE

Filing Fee is \$50.00
Due by September 7, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MINEO, CHARLES W	
STREET ADDRESS	3508 PALAIS TERRACE	
CITY- ST- ZIP	WELLINGTON, FL 33467	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	MINEO, SHARON	
STREET ADDRESS	3508 PALAIS TERRACE	
CITY- ST- ZIP	WELLINGTON, FL 33467	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	TACHER, STEVE	
STREET ADDRESS	10919 NW 17TH PLACE	
CITY- ST- ZIP	CORAL SPRINGS, FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/03/05

Date

(561) 968-2600

Daytime Phone #