

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000018066

**Entity Name:** BLOOMER INSURANCE LLC

**FILED**  
**Jan 10, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

PO BOX 597  
LADY LAKE, FL 32159

**New Principal Place of Business:**

9575 SE 165TH LANE  
SUMMERFIELD, FL 34491

**Current Mailing Address:**

PO BOX 597  
LADY LAKE, FL 32159

**New Mailing Address:**

**FEI Number:** 20-2379530

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BLOOMER, THOMAS J  
9575 SE 165TH LN  
SUMMERFIELD, FL 34491 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** BLOOMER, THOMAS J  
**Address:** PO BOX 597  
**City-St-Zip:** LADY LAKE, FL 32159

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** THOMAS J BLOOMER

MR

01/10/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date