

# **2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L05000018066

**FILED**  
**Jul 20, 2010**  
**Secretary of State**

**Entity Name:** BLOOMER INSURANCE LLC

**Current Principal Place of Business:**

9575 SE 165TH LANE  
SUMMERFIELD, FL 34491

**New Principal Place of Business:**

**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  
**Name:** BLOOMER, THOMAS J  
**Address:** PO BOX 597  
**City-St-Zip:** LADY LAKE, FL 32159

**Title:** MGRM  
**Name:** BLOOMER, RUTH  
**Address:** PO BOX 597  
**City-St-Zip:** LADY LAKE, FL 32159

**Title:** MGRM  
**Name:** BLOOMER, SCOTT M  
**Address:** PO BOX 597  
**City-St-Zip:** LADY LAKE, FL 32159

I hereby 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 BLOOMER

MGRM

07/20/2010

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