# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Feb 08, 2012**
**Secretary of State**

DOCUMENT# L05000018066

**Entity Name:** BLOOMER INSURANCE LLC

**Current Principal Place of Business:**

13750 SE 36TH AVE
SUMMERFIELD, FL 34491

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1566
SUMMERFIELD, FL 34492

**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:**

BLOOMER, THOMAS J
3130 SW 126TH LANE RD
OCALA, FL 34473 US

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: _____ 02/08/2012
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM
Name: BLOOMER, THOMAS J
Address: P O BOX 1566
City-St-Zip: SUMMERFIELD, FL 34492

Title: MGRM
Name: BLOOMER, RUTH
Address: P O BOX 1566
City-St-Zip: SUMMERFIELD, FL 34492

Title: MGRM
Name: BLOOMER, SCOTT M
Address: P O BOX 1566
City-St-Zip: SUMMERFIELD, FL 34492

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 Statues.

SIGNATURE: THOMAS J BLOOMER MGRM 02/08/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date