

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000062922

Entity Name: BLOOMING ZONE LLC

FILED  
Apr 23, 2009  
Secretary of State

## Current Principal Place of Business:

16500 NW 84 AVE  
MIAMI, FL 33016

## New Principal Place of Business:

35115 SW 217 AVENUE  
HOMESTEAD, FL 33035

## Current Mailing Address:

16500 NW 84 AVE  
MIAMI, FL 33016

## New Mailing Address:

35115 SW 217 AVENUE  
HOMESTEAD, FL 33035

FEI Number: 74-3189045

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GODINEZ, ARTURO  
16500 NW 84 AVE  
MIAMI, FL 33016 US

## Name and Address of New Registered Agent:

GODINEZ, ARTURO  
35115 SW 217 AVENUE  
HOMESTEAD, FL 33035 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:

04/23/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: GODINEZ, ARTURO  
Address: 16500 NW 84 AVE  
City-St-Zip: MIAMI, FL 33016

Title: MGRM ( ) Delete  
Name: GODINEZ, JUDITH  
Address: 16500 NW 84 AVE  
City-St-Zip: MIAMI, FL 33016

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: GODINEZ, ARTURO  
Address: 35115 SW 217 AVENUE  
City-St-Zip: HOMESTEAD, FL 33035

Title: MGRM (X) Change ( ) Addition  
Name: GODINEZ, JUDITH  
Address: 35115 SW 217 AVENUE  
City-St-Zip: HOMESTEAD, FL 33035

I hereby certify that the information supplied with this filing does not qualify 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: JUDITH GODINEZ

DIRE

04/23/2009

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