

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000118349

**FILED**  
**Oct 06, 2013**  
**Secretary of State**

**Entity Name:** BLOOM GARDEN SHOP, LLC

**Current Principal Place of Business:**

3005 S. MACDILL AVE.  
TAMPA, FL 33629 US

**New Principal Place of Business:**

**Current Mailing Address:**

3005 S. MACDILL AVE.  
TAMPA, FL 33629 US

**New Mailing Address:**

**FEI Number:** 20-8024731

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOHOEFENER, JULIE  
6816 S. JUANITA STREET  
TAMPA, FL 33616 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:** JULIE LOHOEFENER

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** LOHOEFENER, CHAD  
**Address:** 6816 S. JUANITA STREET  
**City-St-Zip:** TAMPA, FL 33616 US

**Title:** MGRM  
**Name:** LOHOEFENER, JULIE  
**Address:** 6816 S. JUANITA STREET  
**City-St-Zip:** TAMPA, FL 33616 US

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:** JULIE LOHOEFENER

MM

10/06/2013

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