


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000057978		
1. Entity Name BIG BLOOMERS, LLC		

Principal Place of Business 17855 SW 248TH STREET HOMESTEAD, FL 33031	Mailing Address 17855 SW 248TH STREET HOMESTEAD, FL 33031
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
RUTZKE, TINA M 17855 SW 248TH STREET HOMESTEAD, FL 33031	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUTZKE, TINA M 17855 SW 248TH STREET HOMESTEAD, FL 33031 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300121226903 03/25/08--01045--001 **566.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Tina M. Rutzke 2/27/08 305-245-4595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

FILED
08 MAR 13 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01312008 Chg-LLC CR2E083 (12/06)

4. FEI Number ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required