
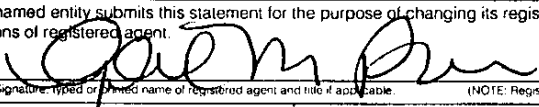
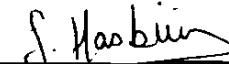


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90114 045 ***138.75

DOCUMENT # L07000120551			
1. Entity Name BLOOMINGDALE WAREHOUSE, LLC			
Principal Place of Business 13717 CANTERFIELD FARMS DRIVE RIVERVIEW, FL 33578		Mailing Address 13717 CANTERFIELD FARMS DRIVE RIVERVIEW, FL 33578	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 3658 Erindale Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Vairico FL	
Zip		Zip 33596	
Country		Country	
		4. FEI Number 26-1778590	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LASMAN, JEFFREY M ESQ. C/O LASMAN LAW FIRM, P.A. 6152 DELANCEY STATION STREET, SUITE 205 RIVERVIEW, FL 33569		Name Gail M Popovich Street Address (P.O. Box Number is Not Acceptable) 3658 Erindale Dr City Vairico FL 33596	
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 		DATE 3/18/08	
Signature typed or printed name of registered agent and title if applicable (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	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HASBINI, SAWSAN 13717 CANTERFIELD FARMS DRIVE RIVERVIEW, FL 33578 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		MANAGER	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date 3/19/08 Daytime Phone # 813-681-8419	

6001400



03182008 Chg-LLC CR2E083 (12/06)

4. FEI Number **26-1778590** Applied For Not Applicable

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

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LASMAN, JEFFREY M ESQ.
C/O LASMAN LAW FIRM, P.A.
6152 DELANCEY STATION STREET, SUITE 205
RIVERVIEW, FL 33569

Name **Gail M Popovich**
Street Address (P.O. Box Number is Not Acceptable)
3658 Erindale Dr
City **Vairico FL 33596**

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CITY-ST-ZIP

**MGRM
HASBINI, SAWSAN
13717 CANTERFIELD FARMS DRIVE
RIVERVIEW, FL 33578** Delete

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SIGNATURE:  MANAGER

Date **3/19/08** Daytime Phone # **813-681-8419**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #