

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000000102

**Entity Name:** BLOOMING FURNITURE, L.L.C.

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

414 E. MARSHALL STREET  
SAFETY HARBOR, FL 34695

**New Principal Place of Business:**

**Current Mailing Address:**

2392 HILLCREEK CIR. E.  
CLEARWATER, FL 33759

**New Mailing Address:**

**FEI Number:** 59-3568526

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VESEY, JUDITH T  
414 E. MARSHALL STREET  
SAFETY HARBOR, FL 34695 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** CROY, NANCY B  
**Address:** 2392 HILLCREEK CIR. E.  
**City-St-Zip:** CLEARWATER, FL 33759

**Title:** MGRM  
**Name:** VESEY, JUDITH T  
**Address:** 414 E. MARSHALL STREET  
**City-St-Zip:** SAFETY HARBOR, FL 34695

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:** NANCY B. CROY

MGRM

04/10/2012

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