2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Jul 30, 2009
Secretary of State

DOCUMENT# M07000005589

Entity Name: BLOOM INSURANCE AGENCY LLC

Current Principal Place of Business:

1801 S LIBERTY DR.
BLOOMINGTON, IN 47403

New Principal Place of Business:

Current Mailing Address:

1801 S LIBERTY DR.
BLOOMINGTON, IN 47403

New Mailing Address:

FEI Number: 26-0640936 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 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: MGR ( ) Delete
Name: ROGERS, SHERMAN
Address: 1801 S. LIBERTY DRIVE
City-St-Zip: BLOOMINGTON, IN 47403

Title: MGR ( ) Delete
Name: THOMAS, EUGENE
Address: 1801 S. LIBERTY DR.
City-St-Zip: BLOOMINGTON, IN 47403

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: IVEY, BROOKE B
Address: 1801 S. LIBERTY DR.
City-St-Zip: BLOOMINGTON, IN 47403

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: BROOKE B IVEY MGR 07/30/2009

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