

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000074074

**FILED  
Jan 13, 2015  
Secretary of State  
CC9759122717**

**Entity Name:** BLOOM BOOKS LLC

**Current Principal Place of Business:**

200 NORTHEAST 2ND AVE 215  
DEL RAY BEACH, FL 33444

**Current Mailing Address:**

200 NORTHEAST 2ND AVE 215  
DEL RAY BEACH, FL 33444 US

**FEI Number:** 45-1219555

**Certificate of Status Desired:** No

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

BLOOM, EDWARD  
200 NORTHEAST 2ND AVE 215  
DEL RAY BEACH, FL 33444 US

*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

**Authorized Person(s) Detail :**

Title MGRM  
Name BLOOM, EDWARD  
Address 200 NORTHEAST 2ND AVE 215  
City-State-Zip: DEL RAY BEACH FL 33444

Title MGR  
Name RAYMUNDO, PETER  
Address 52 RILEY ROAD # 182  
City-State-Zip: CELEBRATION FL 34747

Title MGR  
Name DEMPSEY, CARLY  
Address 1 NOLAN COURT  
City-State-Zip: ATLANTIC HIGHLANDS NJ 07716

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** EDWARD BLOOM

**MANAGER**

**01/13/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date