

**2019 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L16000027158

**Entity Name:** BLOOMINESCENT LLC

**Current Principal Place of Business:**

10537 SOUTH DIXIE HWY  
PINECREST , FL 33156

**Current Mailing Address:**

10537 SOUTH DIXIE HWY  
PINECREST , FL 33156 US

**FEI Number:** 81-1485087

**Certificate of Status Desired:** No

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

CARDENAS, NATALIA S  
10537 SOUTH DIXIE HWY  
PINECREST , FL 33156 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:** NATALIA S CARDENAS

09/18/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR/MGR  
Name CARDENAS, NATALIA S  
Address 10537 SOUTH DIXIE HWY  
City-State-Zip: PINECREST FL 33156

Title AMBR  
Name CARDENAS, ANIBELKY  
Address 10537 SOUTH DIXIE HWY  
City-State-Zip: PINECREST FL 33156

Title AMBR  
Name CARDENAS, OLINTO  
Address 10537 SOUTH DIXIE HWY  
City-State-Zip: PINECREST FL 33156

*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:** NATALIA S CARDENAS

AMBR/MGR

09/18/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date