**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Feb 12, 2024**
**Secretary of State**
**4097296649CC**

DOCUMENT# L21000381783

**Entity Name:** FLOWER BLOSSOM LLC

**Current Principal Place of Business:**

10304 WEST STATE ROAD 235
ALACHUA, FL 32615

**Current Mailing Address:**

10304 WEST STATE ROAD 235
ALACHUA, FL 32615 US

**FEI Number: 87-2393103**

**Certificate of Status Desired:** No

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

DALCHAND, MIRA D
10304 WEST STATE ROAD 235
ALACHUA, FL 32615 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 | MGR |
| Name | DALCHAND, MIRA D |
| Address | 10304 WEST STATE ROAD 235 |
| City-State-Zip: | ALACHUA FL 32615 |

*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: MIRA D DALCHAND MGR 02/12/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date