

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000005589

Entity Name: BLOOM INSURANCE AGENCY LLC

Current Principal Place of Business:

1331 S CURRY PIKE
BLOOMINGTON, IN 47403

Current Mailing Address:

1331 S CURRY PIKE
BLOOMINGTON, IN 47403 US

FEI Number: 26-0640936

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 MEMBER
Name ROGERS, SHERMAN
Address 1331 S CURRY PIKE
City-State-Zip: BLOOMINGTON IN 47403

Title MGR
Name KEEVEN, BRYAN
Address 111 ELLERMAN RIDGE DR
City-State-Zip: FORISTELL MO 63348

Title MEMBER
Name TREVINO, RAY
Address 1331 S CURRY PIKE
City-State-Zip: BLOOMINGTON IN 47403

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: BRYAN KEEVEN

MANAGER

03/14/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date