

**2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000005589

**Entity Name:** BLOOM INSURANCE AGENCY LLC

**Current Principal Place of Business:**

1565 S PIAZZA DRIVE  
BLOOMINGTON, IN 47401

**Current Mailing Address:**

1565 S PIAZZA DRIVE  
BLOOMINGTON, IN 47401 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           MANAGER  
Name           ROGERS, MEREDITH  
Address        1565 S PIAZZA DRIVE  
City-State-Zip: BLOOMINGTON IN 47401

*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:** MEREDITH ROGERS

**MANAGER**

**02/21/2025**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date