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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered. 01/25/2016

SIGNATURE: JACLYN H RASMUSSEN

Electronic Signature of Signing Officer/Director Detail

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000058190

Entity Name: LOOM LUXURY LINENS INC.

Current Principal Place of Business:

515 NORTH ANDREWS AVENUE FT. LAUDERDALE. FL 33301

Current Mailing Address:

515 NORTH ANDREWS AVENUE FT. LAUDERDALE. FL 33301

FEI Number: 47-1177254

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

PRISTO, LORI **515 NORTH ANDREWS AVENUE** FT. LAUDERDALE, FL 33301 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:

Officer/Director Detail :			
Title	SD	Title	V
Name	RASMUSSEN, JACLYN H	Name	WEILER, SAMANTHA
Address	515 NORTH ANDREWS AVENUE	Address	615 NE 12TH AVENUE #312
City-State-Zip:	FT. LAUDERDALE FL 33301	City-State-Zip:	FORT LAUDERDALE FL 33304

Certificate of Status Desired: No

Date

FILED Jan 25, 2016 Secretary of State CC5373007243

Date

SECRETARY