

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000185356

Entity Name: LOOSE COMPOUND LLC

Current Principal Place of Business:

13101 S. MOONRAKER TERRACE
FLORAL CITY, FL 34436

Current Mailing Address:

13101 S. MOONRAKER TERRACE
FLORAL CITY, FL 34436 US

FEI Number: 81-4103415

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RENNER, RONNIE
13101 S. MOONRAKER TERRACE
FLORAL CITY, FL 34436 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	AMBR	Title	AMBR
Name	NJAVRO, JERRY R	Name	RENNER, RONNIE
Address	12172 EAKIN ST.	Address	13101 S. MOONRAKER TERRACE
City-State-Zip:	SPRING HILL FL 34614	City-State-Zip:	FLORAL CITY FL 34436

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: RONNIE RENNER

AMBR

04/12/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date