

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000108265

Entity Name: LOOMIS ENTERPRISES LLC

FILED  
Jan 12, 2009  
Secretary of State

**Current Principal Place of Business:**

1244 MARQUISE COURT  
ROCKLEDGE, FL 32955 US

**New Principal Place of Business:**

**Current Mailing Address:**

2633 E INDIAN SCHOOL ROAD  
SUITE 250  
PHOENIX, AZ 85016 US

**New Mailing Address:**

2633 E INDIAN SCHOOL ROAD  
SUITE 130  
PHOENIX, AZ 85016 US

FEI Number: 26-1500216

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LOOMIS, CHRISTOPHER  
1244 MARQUISE COURT  
ROCKLEDGE, FL 32955 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LOOMIS, CHRISTOPHER  
Address: 250 E INDIAN SCHOOL ROAD  
City-St-Zip: PHOENIX, AZ 85016

Title: MGRM ( ) Delete  
Name: RRMFA LLC,  
Address: 4939 WEST RAY ROAD, SUITE 4-151  
City-St-Zip: CHANDLER, AZ 85226

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LOOMIS HOLDINGS, LLC,  
Address: 1244 MARQUISE COURT  
City-St-Zip: ROCKLEDGE, FL 32955

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: CHRISTOPHER LOOMIS

MGRM

01/12/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date