

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000024468

Entity Name: LE ARCHITECTURE, LLC

FILED  
Jan 13, 2009  
Secretary of State

**Current Principal Place of Business:**

1244 MARQUISE COURT  
ROCKLEDGE, FL 32955

**New Principal Place of Business:**

**Current Mailing Address:**

2633 EAST INDIAN SCHOOL ROAD  
SUITE 250  
PHOENIX, AZ 85016

**New Mailing Address:**

2633 EAST INDIAN SCHOOL ROAD  
SUITE 130  
PHOENIX, AZ 85016

FEI Number: 26-2136558

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 ENTERPRISES., LLC  
Address: 2633 EAST INDIAN SCHOOL ROAD  
City-St-Zip: PHOENIX, AZ 85016

Title: MGRM ( ) Delete  
Name: THRUSH, STEVEN W  
Address: 8150 EAST CRESTWOOD WAY  
City-St-Zip: SCOTTSDALE, AZ 85250

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LOOMIS ENTERPRISES., LLC  
Address: 2633 EAST INDIAN SCHOOL ROAD - SUITE 130  
City-St-Zip: PHOENIX, AZ 85016

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

01/13/2009

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