

L10000048725

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**Malave, Erin**

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**From:** support@floridaincorporator.com  
**Sent:** Friday, September 24, 2010 12:15 AM  
**To:** CorpAddressChange  
**Cc:** support@floridaincorporator.com  
**Subject:** LOOMICORP LLC - L10000048725 - Request for change of business address  
To Florida Department of State - Division of Corporations - corpaddresschange@dos.state.fl.us,

This is a request for change of address for:

Business Name: LOOMICORP LLC  
Document Number: L10000048725

This request for change of address was submitted to us by:

Representative Name: Matt Loomis  
Phone Number: 941 266-5402

The new business address(es) is/are:

**Principal Address**

1511 Shadow Ridge Circle  
Sarasota FL 34240 US

**Mailing Address**

1511 Shadow Ridge Circle  
Sarasota FL 34240 US

If you have any questions or concerns, feel free to contact our Support Team at support@floridaincorporator.com.

Best regards,

Support Team  
Florida Incorporator™  
Phone: 1-888-800-9573  
Fax: 1-800-824-4954  
Email: support@FloridaIncorporator.com  
<http://www.FloridaIncorporator.com>

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