

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000048725

Entity Name: LOOMICORP LLC

**FILED**  
**Feb 21, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1511 SHADOW RIDGE CIR.  
SARASOTA, FL 34240 US

**New Principal Place of Business:**

**Current Mailing Address:**

1511 SHADOW RIDGE CIR.  
SARASOTA, FL 34240 US

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

LOOMIS, WENDY S  
1511 SHADOW RIDGE CIRCLE  
SARASOTA, FL 34240 US

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

LOOMIS, MATTHEW P  
1511 SHADOW RIDGE CIRCLE  
SARASOTA, FL 34240 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: MATTHEW LOOMIS

02/21/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LOOMIS, MATTHEW P  
Address: 1511 SHADOW RIDGE CIRCLE  
City-St-Zip: SARASOTA, FL 34240 US

Title: MGRM  
Name: LOOMIS, WENDY S  
Address: 1511 SHADOW RIDGE CIRCLE  
City-St-Zip: SARASOTA, FL 34240 US

I hereby 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: MATTHEW LOOMIS

MR.

02/21/2011

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