

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000042518

**Entity Name:** LOOBAVI INC

**Current Principal Place of Business:**

709 CAPE CORAL PKWY W  
CAPE CORAL, FL 33914

**Current Mailing Address:**

1605 L STREET  
BELLEVILLE, KS 66935

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

SWAN, LAWRENCE  
14132 CREEK COURT  
FORT MYERS, FL 33908 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

**Officer/Director Detail :**

Title            P  
Name            STRNAD, CHRISTOPHER J  
Address        1605 L STREET  
City-State-Zip: BELLEVILLE KS 66935

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHRISTOPHER STRNAD

**PRESIDENT**

**03/22/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date