

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90578 027 \*\*\*\*50.00

**DOCUMENT #** L00000004225

**1. Entity Name**

LOU'S TRESSED-OUT, L.C.

**DO NOT WRITE IN THIS SPACE**

957324

**2. Principal Place of Business**

3010 Military Trail

Suite, Apt. #, etc.  
200

**City & State**

Boca Raton, FL

**Zip**

33431

**Country**

US

**3. Mailing Address**

c/o Gillespie & Allison

1515 South Federal Highway

Suite, Apt. #, etc.  
300

**City & State**

Boca Raton, FL

**Zip**

33432

**Country**

US

**4. FEI Number**

65-1002860

**Applied For**

Not Applicable

**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required**

**7. Name and Address of Current Registered Agent**

**Name**

Donald M. Allison, Esq.

**Street Address (P.O. Box Number is Not Acceptable)**

Gillespie & Allison, P.A.

1515 South Federal Highway, Suite 300

**City**

Boca Raton

**FL**

**Zip Code**

33432

**8. 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**

Signature, typed or printed name of registered agent and title if applicable.

**DATE**

**FEE IS \$50.00**

**Make Check Payable to Department of State**

**DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

MGRM  
Capano, Louis J., Jr.  
3010 Military Trail, Suite 200  
Boca Raton, FL 33431

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

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**DO NOT WRITE  
IN THIS SPACE**

**11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DONALD M. ALLISON

**Date**

**Daytime Phone #**

4-23-02 561 368-5758

CR2E083B (12/01)