

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90375 011 ****50.00

DOCUMENT # L01000009121

1. Entity Name
SPALOOK.COM, L.L.C.



20054240



04282005 Chg-LLC CR2E083 (10/03)

Principal Place of Business 11382 PROSPERITY FARMS RD. #126 PALM BEACH GARDENS, FL 33410 US		Mailing Address 11382 PROSPERITY FARMS RD. #126 PALM BEACH GARDENS, FL 33410 US	
2. Principal Place of Business 1220 10TH STREET Suite, Apt. #, etc. SUITE B		3. Mailing Address 1220 10TH STREET Suite, Apt. #, etc. SUITE B	
City & State LAKE PARK, FL		City & State LAKE PARK, FL	
Zip 33403	Country USA	Zip 33403	Country USA

4. FEI Number
65-1123753

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent HENNESSEY, JAY 11382 PROSPERITY FARMS RD. #126 PALM BEACH GARDENS, FL 33410		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1220 10TH STREET SUITE B City LAKE PARK FL Zip Code 33403	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HENNESSEY, JAY 11382 PROSPERITY FARMS RD, #126 PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1220 10TH STREET SUITE B LAKE PARK, FL 33403 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #