## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

ApPR, 2018 As **Secretary of State** DOCUMENT # L01000009121 1. Entity Name SPALOOK.COM, L.L.C. Mailing Address Principal Place of Business 1220 10TH ST. STE B 1220 10TH ST, STE B WEST PALM BEACH, FL 33403 WEST PALM BEACH, FL 33403 US 04062006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 65-1123753 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HENNESSEY, JAY DO NOT WRITE 1220 10TH STEEET, STE B WEST PALM BEACH, FL 33403 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable DATE INCITE Registered Agent stageture required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MGR HENNESSEY, JAY NAME 1220 10TH STREET, STE B STREET ADDRESS U00000509114 04/28/06-80030-013 50.00 CITY-ST-ZIP WEST PALM BEACH, FL 33403 NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS DO NOT WRITE CITY+ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY - ST - ZIP TITLE STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is the and accurate and that my signature shall have the same legal effect as if made under each; that I am a managing member or manager of the limited hability company or the receive or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OR PRINTED NAM OF SIGNING MANAGING MEMB R, OR AUTHORIZED REPRESENTATIVE