LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 90407 005 ****50.00

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DOCUMENT # L01000009121

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

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11382 PROSPERITY FARMS ROAD	11382 PROSPERITY FARMS ROAD
Suite, Apt. #, etc. SUITE ~~126~~ 124	Suite, Apt. #, etc. SUITE ~~126~~ 124
City & State PALM BEACH GARDENS, FL.	City & State PALM BEACH GARDENS, FL.
Zip 33410 Country U.S.A.	Zip 33410 Country U.S.A.

4. FEI Number 65-1123753 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name HENNESSEY, JAY

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

11382 PROSPERITY FARMS ROAD #~~126~~ 124

City PALM BEACH GARDENS FL Zip Code 33410

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 _____ 4-19-03
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HENNESSEY, JAY 130 ~~PALM AVENUE, #12~~ JUPITER FL 33477	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	123 Dunes Ridge	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E083B (12/02)

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: _____ 4-19-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #