

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000136080

**Entity Name:** LOUISIANA HOLDING CORP.

**Current Principal Place of Business:**

1600 N.E. MIAMI GARDENS DRIVE  
N. MIAMI BEACH, FL 33179

**FILED**  
**Feb 23, 2016**  
**Secretary of State**  
**CC2807106291**

**Current Mailing Address:**

1600 N.E. MIAMI GARDENS DRIVE  
N. MIAMI BEACH, FL 33179 US

**FEI Number:** 20-0460982

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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            CEOD  
Name            LUKES, DAVID  
Address         410 PARK AVENUE  
                  SUITE 1220  
City-State-Zip: NEW YORK NY 10022

Title            COO  
Name            MAKINEN, MICHAEL  
Address         410 PARK AVENUE  
                  SUITE 1220  
City-State-Zip: NEW YORK NY 10022

Title            VPT  
Name            OSTROWER, MATTHEW  
Address         410 PARK AVENUE  
                  SUITE 1220  
City-State-Zip: NEW YORK NY 10022

Title            VP  
Name            CHOQUETTE, KEN  
Address         1600 N.E. MIAMI GARDENS DRIVE  
City-State-Zip: N. MIAMI BEACH FL 33179

Title            P  
Name            CAPUTO, THOMAS  
Address         410 PARK AVENUE  
                  SUITE 1220  
City-State-Zip: NEW YORK NY 10022

Title            DVPS  
Name            KITLOWSKI, AARON  
Address         410 PARK AVENUE  
                  SUITE 1220  
City-State-Zip: NEW YORK NY 10022

*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:** AARON KITLOWSKI

VPSD

02/23/2016

Electronic Signature of Signing Officer/Director Detail

Date