

2015 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

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 LANGER, MARK
Address 1600 N.E. MIAMI GARDENS DRIVE
City-State-Zip: N. MIAMI BEACH FL 33179

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

VP,S,D

02/12/2015

Electronic Signature of Signing Officer/Director Detail

_____ Date