

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000138854

**Entity Name:** STYLEMARK, LLC

**Current Principal Place of Business:**

500 GEORGE WASHINGTON HWY.  
SMITHFIELD, RI 02917

**Current Mailing Address:**

500 GEORGE WASHINGTON HWY.  
SMITHFIELD, RI 02917 US

**FEI Number:** 90-0823462

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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

**Authorized Person(s) Detail :**

Title MGR  
Name GRAY, LISA  
Address 13515 N STEMMONS FRWY  
City-State-Zip: DALLAS TX 75234

Title MGR  
Name DI PAOLA, ANTHONY  
Address 500 GEORGE WASHINGTON HWY  
City-State-Zip: SMITHFIELD RI 02917

Title MGR  
Name GIGUERE, JEFFREY J  
Address 500 GEORGE WASHINGTON HWY  
City-State-Zip: SMITHFIELD RI 02917

Title MANAGER  
Name WIELEMANS, DAVID  
Address 500 GEORGE WASHINGTON HWY  
City-State-Zip: SMITHFIELD RI 02917

Title VP & CORPORATE CONTROLLER  
Name WILLIAMS, MARK  
Address 500 GEORGE WASHINGTON HWY.  
City-State-Zip: SMITHFIELD RI 02917

Title MANAGER  
Name GIGUERE, JEFFREY  
Address 500 GEORGE WASHINGTON HWY.  
City-State-Zip: SMITHFIELD RI 02917

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LISA GRAY

ASST. TAX OFFICER

03/10/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date