# 2016 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

### Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US FILED Mar 21, 2016 Secretary of State CC9519840430

Date

Certificate of Status Desired: No

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

## Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	RUPP, KEVIN	Name	DI PAOLA, ANTHONY
Address	13515 N STEMMONS FRWY	Address	500 GEORGE WASHINGTON HWY
City-State-Zip:	DALLAS TX 75234	City-State-Zip:	SMITHFIELD RI 02917
Title	MGR	Title	MANAGER
Name	GIGUERE, JEFFREY J	Name	THEROUX, ERIC
Address	500 GEORGE WASHINGTON HWY	Address	500 GEORGE WASHINGTON HWY
City-State-Zip:	SMITHFIELD RI 02917	City-State-Zip:	SMITHFIELD RI 02917
Title	VP & CORPORATE CONTROLLER	Title Name	MANAGER GIGUERE. JEFFREY
Name	WILLIAMS, MARK		, -
Address	500 GEORGE WASHINGTON HWY.	Address	500 GEORGE WASHINGTON HWY.
City-State-Zip:	SMITHFIELD RI 02917	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: MARK WILLIAMS

VICE PRESIDENT

03/21/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date