

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000013030

**Entity Name:** LU LU'S LLC

**Current Principal Place of Business:**

14800 WALSINGHAM RD., 102  
LARGO, FL 33774

**Current Mailing Address:**

14800 WALSINGHAM RD., 102  
LARGO, FL 33774 US

**FEI Number:** 46-1954196

**Certificate of Status Desired:** No

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

SPIEGEL & UTRERA PA  
1840 SOUTHWEST 22ND STREET  
4TH FLOOR  
MIAMI, FL 33145 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 PORTER, MELANIE  
Address 14800 WALSINGHAM RD., 102  
City-State-Zip: LARGO FL 33774

Title MGR  
Name PORTER, MARK  
Address 14800 WALSINGHAM RD., 102  
City-State-Zip: LARGO FL 33774

Title S  
Name PORTER, MELANIE  
Address 14800 WALSINGHAM RD., 102  
City-State-Zip: LARGO FL 33774

Title T  
Name PORTER, MARK  
Address 14800 WALSINGHAM RD., 102  
City-State-Zip: LARGO FL 33774

*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:** MELANIE PORTER

MGR

02/22/2017

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date