

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000017881

FILED  
Jan 29, 2009  
Secretary of State

Entity Name: UNIQUE MOTOR SPORTS TOWING LLC

**Current Principal Place of Business:**

1306 S STATE RD 7  
DAVIE, FL 33317 US

**New Principal Place of Business:**

**Current Mailing Address:**

6 TEAL COURT  
NEW CITY, NY 10956 US

**New Mailing Address:**

FEI Number: 59-3798330      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BRENNER, MARK  
1306 S STATE RD 7  
DAVIE, FL 33317 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GAROFALO, STEPHEN  
Address: 1306 S STATE RD 7  
City-St-Zip: DAVIE, FL 33317 US

Title: MGRM ( ) Delete  
Name: FITZGERALD, JAMES  
Address: 1306 S STATE RD 7  
City-St-Zip: DAVIE, FL 33317 US

Title: MGRM ( ) Delete  
Name: KHAIRI, MICHALE  
Address: 1306 S STATE RD 7  
City-St-Zip: DAVIE, FL 33317 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: STEPHEN GAROFALO      MGMR      01/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date