

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000117781

Entity Name: UNIQUE INSURANCE CONCEPTS, LLC

Current Principal Place of Business:

3801 PGA BLVD
SUITE 600
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

PO BOX 3013
TEQUESTA, FL 33469 US

FEI Number: 45-2209120

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOLDSTEIN, ROBERT
206 COLONY ROAD
JUPITER, FL 33469 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 MGRM
Name GOLDSTEIN, ROBERT
Address PO BOX 3013
City-State-Zip: TEQUESTA FL 33469

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: ROBERT GOLDSTEIN

MGRM

04/30/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date