

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000110828

Entity Name: ANN'S UNIQUE, LLC

Current Principal Place of Business:

3927 CRAWFORDVILLE ROAD
UNIT B40
TALLAHASSEE, FL 32305

Current Mailing Address:

3433 SUNNYSIDE DRIVE
TALLAHASSEE, FL 32305 US

FEI Number: 46-3358025

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ROMANS, LILLIAN A
3433 SUNNYSIDE DRIVE
TALLAHASSEE, FL 32305 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: LILLIAN A. ROMANS

03/03/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name ROMANS, LILLIAN A
Address 3433 SUNNYSIDE DRIVE
City-State-Zip: TALLAHASSEE FL 32305

Title AUTHORIZED MEMBER
Name ROMANS, MICHAEL D SR.
Address 3433 SUNNYSIDE DRIVE
City-State-Zip: TALLAHASSEE FL 32305

Title AUTHORIZED MEMBER
Name JOHNSON, KIMBERLY D
Address 8027 ANNETTE DRIVE
City-State-Zip: LORTON VA 22079

Title AUTHORIZED MEMBER
Name BOHON, MIKAEL F
Address 23618 EAST ROCKY TOP AVENUE
City-State-Zip: AURORA CO 80016

Title AUTHORIZED REPRESENTATIVE
Name JOHNSON, MARK A SR.
Address 8027 ANNETTE DRIVE
City-State-Zip: LORTON VA 22079

Title AUTHORIZED REPRESENTATIVE
Name BOHON, SCOTT E
Address 23618 EAST ROCKY TOP AVENUE
City-State-Zip: AURORA CO 80016

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: LILLIAN A ROMANS

OWNER

03/03/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date