

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000111980

**Entity Name:** UNIQUE SALON AND FITNESS STUDIO LLC

**Current Principal Place of Business:**

6209 E. HILLSBOROUGH AVE.  
TAMPA, FL 33610

**Current Mailing Address:**

6209 HILLSBOROUGH AVE  
TAMPA, FL 33610 US

**FEI Number:** 46-3358401

**Certificate of Status Desired:** No

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

THORNTON, ANNTIONETTE  
6209 E. HILLSBOROUGH AVE  
TAMPA, FL 33610 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           MANAGER  
Name           THORNTON, IRA  
Address       6209 HILLSBOOUGH AVE  
City-State-Zip: TAMPA FL 33610

Title           PRESIDENT  
Name           THORNTON, ANNTIONETTE G  
Address       6209 E HILLSBOROUGH AVE  
City-State-Zip: TAMPA FL 33610

*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:** ANNTIONETTE THORNTON

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04/24/2018

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

\_\_\_\_\_  
Date