

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000065177

**Entity Name:** CG UNI, LLC

**Current Principal Place of Business:**

4250 ALAFAYA TRAIL  
SUITE 100  
OVIEDO, FL 32765

**FILED**  
**Apr 12, 2018**  
**Secretary of State**  
**CC4856533105**

**Current Mailing Address:**

4250 ALAFAYA TRAIL  
SUITE 100  
OVIEDO, FL 32765 US

**FEI Number:** 47-3735695

**Certificate of Status Desired:** No

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

CLAVIER, JOSE  
105 COVE LAKE DRIVE  
LONGWOOD, FL 32779 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            AMBR  
Name            CLAVIER, JOSE  
Address        1032 MONTGOMERY ROAD  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title            AMBR  
Name            CLAVIER, FRANCISCO  
Address        1005 SPRING VILLAS POINT  
City-State-Zip: WINTER SPRINGS FL 32708

*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:** JOSE CLAVIER

**MANAGER**

**04/12/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date