

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000120668

Entity Name: UNIQUE THERAPY SERVICES LLC

Current Principal Place of Business:

5924 SW 4TH ST
MIAMI, FL 33144

Current Mailing Address:

5924 SW 4TH ST
MIAMI, FL 33144

FEI Number: 82-1913440

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SUNLIFE INSURANCE LLC
7371 SW 8TH ST
MIAMI, FL 33144 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 MGR
Name GARCIA, JACQUELINE
Address 5924 SW 4TH ST
City-State-Zip: MIAMI FL 33144

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: JACQUELINE GARCIA

PRESIDENT

02/15/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date