#### 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000300662

Entity Name: UNIQUE WHOLESALE DISTRIBUTORS, LLC

Mar 05, 2020 **Secretary of State** 6179894080CC

**FILED** 

# **Current Principal Place of Business:**

6501 NW 12TH AVE.

FT. LAUDERDALE. FL 33309

# **Current Mailing Address:**

6501 NW 12TH AVE.

FT. LAUDERDALE. FL 33309 US

FEI Number: 59-2052594 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

THE SHADE STORE, LLC 6501 NW 12TH AVE. FT. LAUDERDALE, FL 33309 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 THE SHADE STORE, LLC Address 6501 NW 12TH AVE.

City-State-Zip: FT. LAUDERDALE FL 33309

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: KAREN LUCAS PLANT CONTROLLER Electronic Signature of Signing Authorized Person(s) Detail

03/05/2020

Date