

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000330322

**Entity Name:** UNIQUE TRAINING CENTER LLC

**Current Principal Place of Business:**

12355 COLLIER BOULEVARD  
UNIT D  
NAPLES, FL 34116

**Current Mailing Address:**

PO BOX 990899  
NAPLES, FL 34116 US

**FEI Number:** 85-3661529

**Certificate of Status Desired:** No

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

FILISTIN, JOSIE MRS  
5081 20TH CT SW  
NAPLES, FL 34116 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	CEO	Title	MGR
Name	FILISTIN, JOSIE MRS.	Name	PETIT, JEFFTHE MR.
Address	5081 20TH CT SW	Address	5081 20TH CT SW
City-State-Zip:	NAPLES FL 34116	City-State-Zip:	NAPLES FL 34116
Title	AMBR		
Name	LOUDOR, GARLENE		
Address	15010 COASTAL BAY CIRCLE, APT 15105		
City-State-Zip:	NAPLES FL 34116		

*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:** JOSIE FILISTIN

CEO

03/20/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date