

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000510466

**Entity Name:** 1-2UNIQUESAFETYTRANSPORTATION LLC

**Current Principal Place of Business:**

1160 TURTLE CREEK DR  
1015  
NAPLES FL, AL 34110

**Current Mailing Address:**

1160 TURTLE CREEK DR  
1015  
NAPLES FL, AL 34110 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

LEONVILLE, JEAN PIERRE  
1160 TURTLE CREEK DR  
1015  
NAPLES FL, FL 34110 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           LEONVILLE, JEAN PIERRE  
Address        1160 TURTLE CREEK DR  
                  1015  
City-State-Zip: NAPLES FL AL 34110

*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:** LEONVILLE JEAN PIERRE

**MANAGER**

**04/30/2023**

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

\_\_\_\_\_  
Date