

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000003366

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

**Entity Name:** UNIQUE MOTOR CARE, LLC

**Current Principal Place of Business:**

9789 B BOCA GARDENS CIRCLE NORTH  
BOCA RATON, FL 33496

**New Principal Place of Business:**

9789 BOCA GARDENS CIRCLE NORTH  
UNIT B  
BOCA RATON, FL 33496

**Current Mailing Address:**

9789 B BOCA GARDENS CIRCLE NORTH  
BOCA RATON, FL 33496

**New Mailing Address:**

P O BOX 971512  
BOCA RATON, FL 33497

**FEI Number:** 65-0998611

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ST. GEORGE, PETER B  
11412 NEW VILLAGE PLACE  
BOCA RATON, FL 33428 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: ST. GEORGE, PETER B  
Address: 11412 NEW VILLAGE PLACE  
City-St-Zip: BOCA RATON, FL 33428

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: PETER ST GEORGE

PRES

04/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date