

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90072 017 ***138.75

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DOCUMENT # L00000010772					
1. Entity Name UNICO INTERIOR LLC					
Principal Place of Business 12114 SW 117 COURT MIAMI, FL 33186			Mailing Address 12114 SW 117 COURT MIAMI, FL 33186		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-1045008	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent VALENCIA, RAUL 12114 SW 117 COURT MIAMI, FL 33186			7. Name and Address of New Registered Agent Name <u>OLGA LUCIA OGGIONI</u> Street Address (P.O. Box Number is Not Acceptable) <u>12114 SW 117 COURT</u> City <u>MIAMI</u> FL <u>33186</u>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OGGIONI, OLGA LUCIA 2140 SW 3RD AVE #2D MIAMI, FL 33129	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>OLGA LUCIA OGGIONI</u> <u>1/23/08</u> (305) 805-8885					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					