

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000016477

1. Entity Name
UNIQ DETAILS, LLC



Principal Place of Business
7286 SW 48TH STREET
MIAMI, FL 33155

Mailing Address
7286 SW 48TH STREET
MIAMI, FL 33155



02152005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

13-4251771

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

REEVES, MARTA
7286 SW 48TH STREET
MIAMI, FL 33155

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ABREU, SANDRA
10750 NW 66TH STREET, APT. 107
MIAMI, FL 33178

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
REEVES, MARTA
1627 BRICKELL AVENUE #1706
MIAMI, FL 33129

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ALVAREZ, MANUEL
4615 SAN AMARO DRIVE
CORAL GABLES, FL 33146

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ALVAREZ, PATRICIA
1541 BRICKELL AVENUE #2103
MIAMI, FL 33129

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000299320
04/11/05-80104-005 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

PATRICIA M. ALVAREZ

2/17/05

3056639400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #