

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2007 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**



04192007 No Chg-LLC

CR2E083 (11/05)

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**

**DO NOT WRITE
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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000737902
05/11/07-80043-023 50.00

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 4815 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	

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IN THIS SPACE**

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: X

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

4/24/07

Date

305-663-9400

Daytime Phone #