2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State
03-16-2004 90173 023 ****50.00

DOCUMENT # L03000049368

1. Entity Name
UNEEK, LLC

Principal Place of Business	Mailing Address
82 EMERALD OAKS LANE ORMOND BEACH, FL 32174	POST OFFICE BOX 290401 PORT ORANGE, FL 32129-0401

02122004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
5889 AIRPORT RD,# 1308		P.O.BOX 290401	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: PORT ORANGE ,FL		City & State: PORT ORANGE,FL	
Zip: 32128	Country: VOLUSIA	Zip: 32128	Country: VOLUSIA

4. FEI Number: 03-0533449 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HAMID REZA TOUTOUNCHIAN
82 EMERALD OAKS LANE
ORMOND BEACH, FL 32174

7. Name and Address of New Registered Agent

Name: SAME
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President - Manager Hamid R. Toutounchian P.O.Box 290401, Port orange, FL 32129	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Hamid R. Toutounchian
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #