

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000049368

1. Entity Name
UNEK, LLC



Principal Place of Business
217 CHIPPEWA CIRCLE
ORMOND BEACH, FL 32174

Mailing Address
P.O. BOX 290401
PORT ORANGE, FL 32129

DO NOT WRITE IN THIS SPACE



02162006 No Chg-LLC

CR2E083 (11/05)

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
217 CHIPPEWA CIRCLE
ORMOND BEACH, FL 32174

**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, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
TOUTOUNCHIAN, HAMID R
P.O. BOX 290401
PORT ORANGE, FL 32129

TITLE
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CITY-ST-ZIP

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0000000439941
03/02/06-80020-017 50.00

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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:

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

Date

Daytime Phone #

Hamid R Toutounchian 2-16-06 386-527-9787