

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L04000043501

1. Entity Name  
UNIQUE IMAGING L.L.C.



Principal Place of Business  
7220 NW 36TH STREET  
SUITE 114  
MIAMI, FL 33166 US

Mailing Address  
7220 NW 36TH STREET  
SUITE 114  
MIAMI, FL 33166 US



03112008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1229502

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

GROSSO, MICHAEL R  
7220 NW 36TH STREET  
SUITE 114  
MIAMI, FL 33166

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME GROSSO, MICHAEL R  
STREET ADDRESS 7220 NW 36TH STREET - SUITE 114  
CITY-ST-ZIP MIAMI, FL 33166

TITLE MGR  
NAME DIBONO, JOSEPH  
STREET ADDRESS 7220 NW 36TH STREET - SUITE 114  
CITY-ST-ZIP MIAMI, FL 33166

TITLE MGR  
NAME ORSI, RAYMOND F  
STREET ADDRESS 7220 NW 36TH STREET, STE 114  
CITY-ST-ZIP MIAMI, FL 33166

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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

3/13/08 (786) 430-1100

Date

Daytime Phone #