

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000079910

Entity Name: UNICO LLC

FILED
Nov 01, 2005
Secretary of State

Current Principal Place of Business:

1300 SW 1ST AVENUE
SUITE 1A
BOCA RATON, FL 33432

New Principal Place of Business:

2901 RIVERSIDE DRIVE
SUITE 303
CORAL SPRINGS, FL 33065

Current Mailing Address:

1300 SW 1ST AVENUE
SUITE 1A
BOCA RATON, FL 33432

New Mailing Address:

2901 RIVERSIDE DRIVE
SUITE 303
CORAL SPRINGS, FL 33065

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ANGELA E. HOWARD, ASSISTANT SECRETARY

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HENAO, ROBERTO
Address: 1300 SW 1ST AVENUE SUITE 1A
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HENAO, ROBERTO
Address: 2901 RIVERSIDE DRIVE, SUITE 303
City-St-Zip: CORAL SPRINGS, FL 33065

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: BY A.E. HOWARD AS ATTORNEY-IN-FACT

MGR

11/01/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date