

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000001231

Entity Name: UNIQUE OMEGA, LLC

FILED  
Sep 05, 2008  
Secretary of State

## Current Principal Place of Business:

1420 SW 43RD TERRACE  
CAPE CORAL, FL 33914

## New Principal Place of Business:

17501 NALLE RD  
NORTH FORT MYERS, FL 33917

## Current Mailing Address:

1420 SW 43RD TERRACE  
CAPE CORAL, FL 33914

## New Mailing Address:

17501 NALLE RD  
NORTH FORT MYERS, FL 33917

FEI Number: 20-2107427      FEI Number Applied For ( )      FEI Number Not Applicable ( )      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:

SIDEROPOULOS, MARTA  
1420 SW 43RD TERRACE  
CAPE CORAL, FL 33914      US

## Name and Address of New Registered Agent:

DA SILVA, JOAO CARLOS  
17501 NALLE RD  
NORTH FORT MYERS, FL 33917      US

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: JOAO CARLOS DA SILVA

09/05/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: SIDEROPOULOS, MARTA  
Address: 1420 SW 43RD TERRACE  
City-St-Zip: CAPE CORAL, FL 33914

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR      (X) Change      ( ) Addition  
Name: DA SILVA, JOAO CARLOS  
Address: 17501 NALLE RD  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: MMGR      ( ) Change      (X) Addition  
Name: SILVA, JULIANE  
Address: 17501 NALLE RD  
City-St-Zip: NORTH FORT MYERS, FL 33917

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JOAO CARLOS DA SILVA

MGR

09/05/2008

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