

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90045 030 ***138.75

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DOCUMENT # L05000008513 1. Entity Name UNIKDEALS, LLC																											
Principal Place of Business 723 CHAPEL HILL BLVD. BOYNTON BEACH, FL 33435		Mailing Address 723 CHAPEL HILL BLVD. BOYNTON BEACH, FL 33435																									
2. Principal Place of Business - No P.O. Box # 1900 SHARON ST.		3. Mailing Address 1900 SHARON ST.																									
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																									
City & State BOCA RATON, FL		City & State BOCA RATON, FL																									
Zip 33486		Zip 33486																									
Country USA		Country 																									
4. FEI Number 20-2235879		Applied For ☐ Not Applicable																									
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent VIETTI, MIRCO / 723 CHAPEL HILL BLVD BOYNTON BEACH, FL 33435		7. Name and Address of New Registered Agent Name MIRCO VIETTI Street Address (P.O. Box Number is Not Acceptable) 1900 SHARON ST. City BOCA RATON FL 33486																									
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 DATE 01/9/08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)																											
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES																									
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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:		Date 01/9/08																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																											