

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000036024

Entity Name: UNIQUE BOUTIQUE LLC

FILED
Jul 02, 2006
Secretary of State

Current Principal Place of Business:

125 SOUTH MIRAMAR AVE
INDIALANTIC, FL 32903

New Principal Place of Business:

Current Mailing Address:

994 SEDGEWOOD CIRCLE
MELBOURNE, FL 32904

New Mailing Address:

125 S. MIRAMAR AVE
INDIALANTIC, FL 32903

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:

AVOLIO, ROBERT R ESQ
2730 US #1 SOUTH STE J
ST. AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

DECARA, ROSEMARIE
125 S. MIRAMAR AVE
INDIALANTIC FL, FL 32903 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: ROSEMARIE DECARA

07/02/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DECARA, ROSEMARIE
Address: 994 SEDGEWOOD CIRCLE
City-St-Zip: MELBOURNE, FL 32904

Title: MGRM () Delete
Name: DECARA, PHILIP J
Address: 994 SEDGEWOOD CIRCLE
City-St-Zip: MELBOURNE, FL 32904

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ROSEMARIE DECARA

MGRM

07/02/2006

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