

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000088583

Entity Name: LEGATIEN UNICA, LLC

FILED  
May 01, 2008  
Secretary of State

**Current Principal Place of Business:**

18851 NE 29TH AVENUE  
SUITE 900  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

18851 NE 29TH AVENUE  
SUITE 900  
AVENTURA, FL 33180

**New Mailing Address:**

FEI Number: 20-3466430      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:**

**Name and Address of New Registered Agent:**

ROUSSO, MARK E ESQ  
18851 NE 29TH AVENUE  
SUITE 900  
AVENTURA, FL 33180 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ROUSSO, MARK E  
Address: 18851 NE 29TH AVENUE, STE 900  
City-St-Zip: AVENTURA, FL 33180

Title: MGR ( ) Delete  
Name: HORGIAN, FERNANDO  
Address: 18851 NE 29TH AVENUE, STE 900  
City-St-Zip: AVENTURA, FL 33180

**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 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: MARK ROUSSO

MGR

05/01/2008

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