

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000103198

Entity Name: A UNIQUE OCCASION LLC

FILED  
Apr 14, 2009  
Secretary of State

**Current Principal Place of Business:**

4149 HIDDEN BRANCH DR N  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

21 SQUIRREL PLACE  
PALM COAST, FL 32164

**Current Mailing Address:**

21 SQUIRREL PLACE  
PALM COAST, FL 32164

**New Mailing Address:**

FEI Number: 11-3792034      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

AVERY, RODERICK O  
21 SQUIRREL PLACE  
PALM COAST, FL 32164      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: AVERY, ALDONETTE  
Address: 21 SQUIRREL PLACE  
City-St-Zip: PALM COAST, FL 32164

Title: MGRM ( ) Delete  
Name: AVERY, RODERICK O  
Address: 21 SQUIRREL PLACE  
City-St-Zip: PALM COAST, FL 32164

**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: RODERICK AVERY

MGRM

04/14/2009

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