

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90033 008 ****50.00

DOCUMENT # L06000108833

1. Entity Name

UNIQUE INVESTORS, LLC



Principal Place of Business

Mailing Address

% KRISTINE E. SLAYDEN
2611-B 23RD STREET
PANAMA CITY FL 32405

% KRISTINE E. SLAYDEN
2611-B 23RD STREET
PANAMA CITY FL 32405



2. Principal Place of Business - No P.O. Box #

1701 Tennessee Av.

3. Mailing Address

1701 TENNESSEE AVE.

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

SUITE 100

City & State

Lynn Haven, FL.

City & State

LYNN HAVEN, FL

Zip

32444

Country

USA

Zip

32444

Country

USA

1st MOORE

CR2E083 (10/06)

4. FEI Number

20-5938462

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SLAYDEN, KRISTINE E
2611-B 23RD STREET
PANAMA CITY FL 32405

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1188 RONDS POINTE DR. EAST

City

TALLAHASSEE

FL

Zip Code

32312

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
SLAYDEN, KRISTINE E
2611-B 23RD STREET
PANAMA CITY FL 32405

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1188 RONDS POINTE DR. EAST
TALLAHASSEE, FL 32312

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Kristine E. Slayden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/1/07

Date

850.556.2335

Daytime Phone #