

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L07000027879

1. Entity Name  
UNIQUE INSTALLERS, LLC



Principal Place of Business  
1428 E. SEMORAN BLVD  
SUITE 103  
APOPKA, FL 32703 US

Mailing Address

1428 E. SEMORAN BLVD  
SUITE 103  
APOPKA, FL 32703 US

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04192008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
*20-8637516*

Applied For  
Not Applicable

5. Certificate of Status Desired  \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PARKER, PAULA M  
1428 E. SEMORAN BLVD  
SUITE 103  
APOPKA, FL 32703

Name

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

City

**FL** Zip Code

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 \$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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARKER, PAULA M 1428 E. SEMORAN BLVD., SUITE 103 APOPKA, FL 32703	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARKER, BRETT 1428 E. SEMORAN BLVD., SUITE 103 APOPKA, FL 32703	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:** *Paula M. Parker*

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

4-18-08

(407) 467-0794

Date

Daytime Phone #

60029773



04-28-2008 90037 004 \*\*\*138.75