

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000095114

FILED
Feb 15, 2008
Secretary of State

Entity Name: TOTALLY UNIQUE IDEAS, LLC

Current Principal Place of Business:

12023 LEDGEWOOD CIRCLE
FT. MYERS, FL 33913

New Principal Place of Business:

Current Mailing Address:

12023 LEDGEWOOD CIRCLE
FT. MYERS, FL 33913

New Mailing Address:

FEI Number: 26-1100295

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEVINE, AMANDA
12023 LEDGEWOOD CIRCLE
FT. MYERS, FL 33913 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: MGR () Delete
Name: DEVINE, JOSEPH F
Address: 12023 LEDGEWOOD CIRCLE
City-St-Zip: FT. MYERS, FL 33913

Title: MGR () Delete
Name: DEVINE, AMANDA
Address: 12023 LEDGEWOOD CIRCLE
City-St-Zip: FT. MYERS, FL 33913

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DEVINE, JOSEPH F
Address: 12023 LEDGEWOOD CIRCLE
City-St-Zip: FT. MYERS, FL 33913

Title: MGRM (X) Change () Addition
Name: DEVINE, AMANDA
Address: 12023 LEDGEWOOD CIRCLE
City-St-Zip: FT. MYERS, FL 33913

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: AMANDA DEVINE

MGR

02/15/2008

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