

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000105670

Entity Name: UNEI HOLDINGS, LLC

FILED  
Apr 28, 2009  
Secretary of State

## Current Principal Place of Business:

1205 W OAK ST.  
KISSIMMEE, FL 34743

## New Principal Place of Business:

1205 W OAK STREET  
KISSIMMEE, FL 34741 US

## Current Mailing Address:

328 W OAK ST,  
KISSIMMEE, FL 34741

## New Mailing Address:

1205 W OAK STREET  
KISSIMMEE, FL 34741 US

FEI Number: 26-1381094

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOWE, TERRI  
328 W OAK ST  
KISSIMMEE, FL 34741 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: SINGH, VISHNU  
Address: 3105 SCRUB BRUSH COURT  
City-St-Zip: KISSIMMEE, FL 34734

Title: MGR ( ) Delete  
Name: RAMDAS, REKHA  
Address: 3105 SCRUB BRUSH COURT  
City-St-Zip: KISSIMMEE, FL 34734

## ADDITIONS/CHANGES:

Title: MGMB (X) Change ( ) Addition  
Name: SINGH, VISHNU  
Address: 1205 W OAK STREET  
City-St-Zip: KISSIMMEE, FL 34741

Title: MGR (X) Change ( ) Addition  
Name: RAMDAS, REKHA  
Address: 1205 W OAK STREET  
City-St-Zip: KISSIMMEE, FL 34741

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: VISHNU SINGH

MGMB

04/28/2009

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