

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000080306

FILED  
Aug 21, 2009  
Secretary of State

**Entity Name:** CLOSETS UNIQUE FRANCHISING, LLC

**Current Principal Place of Business:**

10411 KEY LANTERN DRIVE  
NEW PORT RICHEY, FL 34654

**New Principal Place of Business:**

**Current Mailing Address:**

10411 KEY LANTERN DRIVE  
NEW PORT RICHEY, FL 34654

**New Mailing Address:**

FEI Number: 26-3247275      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

WEBER, SCOTT P  
100 SOUTH ASHLEY DRIVE  
SUITE 1900  
TAMPA, FL 33602 US

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: EGGERLING, MICHAEL R  
Address: 10411 KEY LANTERN DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: MGR ( ) Delete  
Name: EGGERLING, KRISTEN  
Address: 10411 KEY LANTERN DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34654

**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: MIKE EGGERLING

PRES

08/21/2009

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