

L20000001611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

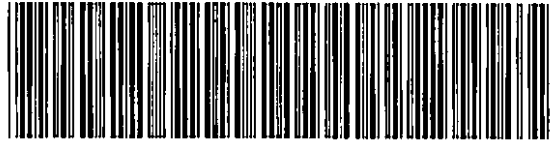
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 NOV -8 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC
RACH

DC
11-19-2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 8, 2021

SHANIQUE S JACKSON
1150 19TH STREET
VERO BEACH, FL 32960

SUBJECT: UNIQUE LUXURY LLC
Ref. Number: L20000001611

We have received your document for UNIQUE LUXURY LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas
Regulatory Specialist II

Letter Number: 221A00027214

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UNIQUE LUXURY LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SHANIQUE S JACKSON

Name of Person

UNIQUE LUXURY LLC

Firm/Company

1150 19TH STREET

Address

VERO BEACH, FL 32960

City/State and Zip Code

UNIQUELUXURYCO@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHANIQUE S JACKON

954 849-6888
at ()

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: UNIQUE LUXURY LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

1150 19TH STREET

VERO BEACH FL 32960

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

1150 19TH STREET

VERO BEACH FL 32960

12/19/2019

L20000001611

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

MAUREEN A ROWTHAN

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

5800 MARGATE BLVD 515

MARGATE, FL 33063

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

SHANIQUE S JACKSON

NEW Registered Office Address:

1150 19TH STREET

VERO BEACH, FL 32960

FILED
2021 NOV -8 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

SHANIQUE S JACKSON

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00