

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Aug 09, 2006 8:00 am
Secretary of State

07-19-2006 90092 020 ****50.00

DOCUMENT # M04000003179 1. Entity Name UNIQUE IN COUNTERS LLC					
Principal Place of Business 2442 NW 66TH COURT GAINESVILLE, FL 32653			Mailing Address 4701 N FEDERAL HIGHWAY 315 LIGHTHOUSE POINT, FL 33064		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 2442 NW 66th Court Suite, Apt. #, etc.			
City & State Gainesville FL		4. FEI Number 20-1342360			
Zip 32653	Country USA	5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GREEN, JIM 2442 NW 66TH COURT GAINESVILLE, FL 32653			7. Name and Address of New Registered Agent 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 <u><i>Jim Green</i></u> DATE <u>7/17/06</u> Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-registering)					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GREEN, JIM 723 MARTINGALE RD SCHWENKSVILLE, PA 32653		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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: <u><i>Jim Green</i></u> DATE <u>7/31/06</u> <u>352 335-6439</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					