


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

FL036

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # M97000000215**

UNIFI, LLC
8201 W. PETERS ROAD
#4100
PLANTATION FL 33317

1a. Principal Place of Business Address

8201 W. PETERS ROAD
#4100
PLANTATION FL 33317

2 Principal Place of Business

2a. Mailing Address

3. Date Organized or Qualified

3a. State of Formation

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04/21/1997

WI

City & State

City & State

4. FEI Number

☐ Applied For

☐ Not Applicable

35-1976785

Zip

Country

Zip

Country

5. Date of Last Report

6. Certificate of Status Desired

04/13/1998

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

CORPORATION SERVICE, COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature Required When Appointed)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	FISERV, INC.	255 FISERV DRIVE	BROOKFIELD WI
MGRM	FISERV SOLUTIONS, INC.	255 FISERV DRIVE	BROOKFIELD WI

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****188.75 ****188.75

or 2/18/99
Dec 6790-4071

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

Katherine Harris

2/19/99

954-916-5914