

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000020316

Entity Name: YOUNIQUE INNOVATED HEALTHCARE LLC**Current Principal Place of Business:**4131 NORTHWEST 13TH STREET
227
GAINESVILLE, FL 32609**Current Mailing Address:**2049 NE 15TH TERRACE
GAINESVILLE, FL 32609**FEI Number:** 46-2299065**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LAWRENCE, SHAKEVA P
2049 NE 15TH TERRACE
GAINESVILLE, FL 32609 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

Authorized Person(s) Detail :

Title	DIRECTOR
Name	LAWRENCE, SHAKEVA P
Address	2049 NE 15TH TERRACE
City-State-Zip:	GAINESVILLE FL 32609

Title	MANAGER
Name	RICHARDS, MARCUS A SR.
Address	2049 NE 15TH TERRACE
City-State-Zip:	GAINESVILLE FL 32609

Title	CFO
Name	RICHARDS, MARQUIS A
Address	2049 NE 15TH TERRACE
City-State-Zip:	GAINESVILLE FL 32609

Title	AUTHORIZED MEMBER
Name	RICHARDS, MARIUS A
Address	2049 NE 15TH TERRACE
City-State-Zip:	GAINESVILLE FL 32609

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHAKEVA P. LAWRENCE**DIRECTOR****03/06/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date