

2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L13000020316

Entity Name: YOUNIQUE INNOVATED HEALTHCARE LLC

Current Principal Place of Business:

2049 NE 15TH TERRACE
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:

RICHARDS , 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: SHAKEVA RICHARDS

12/17/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

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

Title CEO
Name RICHARDS, MARQUIS AKEEM
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 RICHARDS

PRESIDENT

12/17/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date