

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000114680

**Entity Name:** UNIINFITREASURES LLC

**Current Principal Place of Business:**

UNIINFITREASURES 4613 N UNIVERSITY DR  
#, 446  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

UNIINFITREASURES 4613 N UNIVERSITY DR  
#, 446  
CORAL SPRINGS, FL 33067 US

**FEI Number:** 88-1058682

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TOUSSAINT, LOWRENCE  
4141 NW 78TH LN  
CORAL SPRINGS, FL 33065 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 AP  
Name LOWRENCE, TOUSSAINT  
Address 4141 NW 78TH LN  
City-State-Zip: CORAL SPRINGS FL 33065

*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:** LOWRENCE TOUSSAINT

AP

04/25/2025

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date