

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000021246

**Entity Name:** UNIVERSITY LIQUIDATORS, LLC

**Current Principal Place of Business:**

8236 LEE VISTA BLVD, STE D  
ORLANDO, FL 32829

**Current Mailing Address:**

8236 LEE VISTA BLVD, STE D  
ORLANDO, FL 32829

**FEI Number:** 27-5308017

**Certificate of Status Desired:** No

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

KHELAWAN, HAIMRANIE  
9114 182 PL  
HOLLIS, FL 11423 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 MGRN  
Name KHELAWAN, HAIMRANIE  
Address 9114 182 ST  
City-State-Zip: HOLLIS NY 11423

*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:** HAIMRANIE KHELAWAN

MGR

04/28/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date