

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000175276

**Entity Name:** EGAN UNIVERSAL LLC**Current Principal Place of Business:**4811 ISLAND POND CT UNIT 805  
BONITA SPRINGS, FL 34134**Current Mailing Address:**4811 ISLAND POND CT UNIT 805  
BONITA SPRINGS, FL 34134 US**FEI Number:** 47-5330696**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EGAN, JAMES J  
4811 ISLAND POND CT UNIT 805  
BONITA SPRINGS, FL 34134 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	AMBR
Name	EGAN, JAMES J
Address	4811 ISLAND POND CT UNIT 805
City-State-Zip:	BONITA SPRINGS FL 34134

Title	AMBR
Name	EGAN, TIMOTHY J
Address	4811 ISLAND POND CT UNIT 805
City-State-Zip:	BONITA SPRINGS FL 34134

Title	AMBR
Name	EGAN, MICHAEL C
Address	4007 UNDERWOOD ST
City-State-Zip:	CHEVY CHASE MD 20815

Title	AMBR
Name	EGAN, MATTHEW C MD
Address	306 E 96TH ST #3F
City-State-Zip:	NEW YORK NY 10028

*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:** JAMES JACKSON EGAN

CHAIRMAN

03/25/2016

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