

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000067851

FILED
Jul 11, 2005
Secretary of State

Entity Name: UNIVERSITY PAINT & BODY, LLC

Current Principal Place of Business:

1308 S MAIN STREET
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

1308 S MAIN STREET
GAINESVILLE, FL 32601

New Mailing Address:

FEI Number: 20-1623135 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

IDLEMAN, DAVID B
1308 S MAIN STREET
GAINESVILLE, FL 32601 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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: IDLEMAN, DAVID B
Address: 1308 S MAIN STREET
City-St-Zip: GAINESVILLE, FL 32601

Title: MGR () Delete
Name: IDLEMAN, BRIANNA K
Address: 1308 S MAIN STREET
City-St-Zip: GAINESVILLE, FL 32601

ADDITIONS/CHANGES:

Title: MBR (X) Change () Addition
Name: IDLEMAN, DAVID B
Address: 1308 S MAIN STREET
City-St-Zip: GAINESVILLE, FL 32601

Title: MBR (X) Change () Addition
Name: IDLEMAN, BRIANNA K
Address: 1308 S MAIN STREET
City-St-Zip: GAINESVILLE, FL 32601

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: DAVID IDLEMAN

MBR

07/11/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date