

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000104689

FILED  
Jan 09, 2009  
Secretary of State

**Entity Name:** UNIVERSAL NIGHTHAWK SERVICES, LLC

**Current Principal Place of Business:**

1435 S. OSPREY AVE., SUITE 201  
SARASOTA, FL 34239

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 25428  
SARASOTA, FL 34277

**New Mailing Address:**

**FEI Number:** 20-3695956

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

F&L CORP  
ONE INDEPENDENT DRIVE, SUITE 1300  
JACKSONVILLE, FL 32202 US

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

REILLY, CLARENCE R MD  
1435 SOUTH OSPREY AVENUE #201  
SARASOTA, FL 34239 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: CLARENCE R. REILLY, MD

01/09/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LICHTENSTEIN, RICHARD J  
Address: POB 25428  
City-St-Zip: SARASOTA, FL 34277

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: REILLY, CLARENCE R MD  
Address: POB 25428  
City-St-Zip: SARASOTA, FL 34277

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MOLLY K FORTE

COO

01/09/2009

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