05/21/2008 09:20 FAX 5166234996 EISNERCPA

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May 27, 2008 8:00 am
Secretary of State
05-27-2008 90371 005 ***150.00

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000004295

1. Entity Name
UNIVERSITY SERVICES, LLC

50005896

Principal Place of Business	Mailing Address
~~7700 CONGRESS AVE, #3214 AND #3213 BOCA RATON, FL 33487 US~~	~~7700 CONGRESS AVE, #3214 AND #3213 BOCA RATON, FL 33487 US~~
2. Principal Place of Business - No P.O. Box #: 3740 S. OCEAN BLVD	3. Mailing Address: 3740 S. OCEAN BLVD
Suite, Apt #, etc.: #409	Suite, Apt #, etc.: #409
City & State: HIGHLAND BEACH, FLA	City & State: HIGHLAND BEACH • FLORIDA
Zip: 33487 Country: PALM BEACH	Zip: 33487 Country: PALM BEACH

05212008 Chg-LLC CR2E083 (12/06)

4. FEI Number: 20-8233496 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THE LAW OFFICES OF NICK SPRADLIN, PLLC 4001 WEST HENRY AVENUE SUITE 306 TAMPA, FL 33614	Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES. KEVIN BRODY 3740 S. OCEAN BLVD #409 HIGHLAND BEACH, FLA 33487 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: [signature] 05/21/08 (561) 276-3756
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #