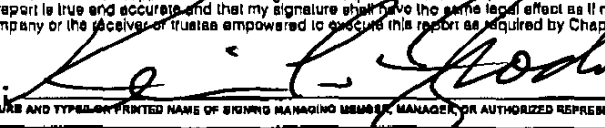


FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90371 005 ***150.00

**2008 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L07000004295 1. Entity Name UNIVERSITY SERVICES, LLC			
Principal Place of Business 7700 CONGRESS AVE. #3214 AND #3213 BOCA RATON, FL 33487 US		Mailing Address 7700 CONGRESS AVE. #3214 AND #3213 BOCA RATON, FL 33487 US	
2. Principal Place of Business - No P.O. Box # 3740 S. OCEAN BLVD #409		3. Mailing Address 3740 S. OCEAN BLVD #409	
City & State HIGHLAND BEACH, FLA		City & State HIGHLAND BEACH, FLORIDA	
Zip 33487		Zip 33487	
Country PALM BEACH		Country PALM BEACH	
4. FEI Number 20-8233496		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		05212008 Chg-LLC CR2E083 (12/08)	
6. Name and Address of Current Registered Agent THE LAW OFFICES OF NICK SPRADLIN, PLLC 4001 WEST HENRY AVENUE SUITE 308 TAMPA, FL 33614		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Signature, typed or printed name of registered agent and title if applicable.		DATE	
Make check payable to Florida Department of State		DATE	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE PRES. NAME KEVIN BRODY STREET ADDRESS 3740 S. OCEAN BLVD #409 CITY-ST-ZIP HIGHLAND BEACH, FLA 33487	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		DATE: 05/21/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		TELEPHONE NUMBER: (561) 276-3356	

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