

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000059975

Entity Name: UNIVERSITY BOOKS, LLC

FILED  
Mar 16, 2012  
Secretary of State

**Current Principal Place of Business:**

13401 SUMMERLIN RD SUITE 3  
FORT MYERS, FL 33919 US

**New Principal Place of Business:**

**Current Mailing Address:**

13401 SUMMERLIN RD SUITE 3  
FORT MYERS, FL 33919 US

**New Mailing Address:**

FEI Number: 27-0380516

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SEITZ, JAMIE B  
13401 SUMMERLIN RD  
STE 4  
FORT MYERS, FL 33919 US

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

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: MGRM  
Name: FILLER, JIMMY  
Address: 2964 SHOOK HILL PARKWAY  
City-St-Zip: BIRMINGHAM, AL 35223 US

Title: MGRM  
Name: FILLER, CAROL  
Address: 2964 SHOOK HILL PARKWAY  
City-St-Zip: BIRMINGHAM, AL 35223 US

Title: MGRM  
Name: SEITZ, PAUL  
Address: 3664 ALTACREST DRIVE WEST  
City-St-Zip: BIRMINGHAM, AL 35243 US

Title: MGRM  
Name: SEITZ, DIANNE  
Address: 3664 ALTACREST DRIVE WEST  
City-St-Zip: BIRMINGHAM, FL 35243 US

Title: MGRM  
Name: HORNBUCKLE, BERNIE G II  
Address: 6361 ARAGON WAY #107  
City-St-Zip: FORT MYERS, FL 33966 US

Title: MGRM  
Name: HORNBUCKLE, MIRIAM I  
Address: 6361 ARAGON WAY #107  
City-St-Zip: FORT MYERS, FL 33966 US

I hereby 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: BERNIE GLENN HORNBUCKLE

MGRM

03/16/2012

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