

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000059975

**Entity Name:** UNIVERSITY BOOKS, LLC

**Current Principal Place of Business:**

13401 SUMMERLIN RD SUITE 3  
FORT MYERS, FL 33919

**Current Mailing Address:**

13401 SUMMERLIN RD SUITE 3  
FORT MYERS, FL 33919 US

**FEI Number:** 27-0380516

**Certificate of Status Desired:** No

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

SEITZ, JAMIE B  
13401 SUMMERLIN RD  
STE 3  
FORT MYERS, FL 33919 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

**Authorized Person(s) Detail :**

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

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

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

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

Title MGRM  
Name HORNBUCKLE, BERNIE GII  
Address 6361 ARAGON WAY #107  
City-State-Zip: FORT MYERS FL 33966

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

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PAUL SEITZ

**PARTNER**

**02/27/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date