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: UVANNE ROSE

Electronic Signature of Signing Authorized Person(s) Detail

Current Mailing Address:

540 NW UNIVERSITY BLVD. 110 PORT SAINT LUCIE, FL 34986

FEI Number: 46-3352498

Name and Address of Current Registered Agent:

UBAR REALTY, INC. 540 NW UNIVERSITY BLVD 110 PORT SAINT LUCIE, FL 34986 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

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	ROSE, UVANNE C	Name	ROSE, KARL B
Address	540 NW UNIVERSITY BLVD. 110 PORT SAINT LUCIE FL 34986	Address	5178 NW RUGBY DRIVE
City State Zin		City-State-Zip:	PORT SAINT LUCIE FL 34983
City-State-Zip:			

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000016920

Entity Name: UBAR PROPERTY MANAGEMENT SERVICES, LLC

Current Principal Place of Business:

540 NW UNIVERSITY BLVD. 110 PORT SAINT LUCIE, FL 34986

Certificate of Status Desired: No

MANAGER

02/25/2017

Date

FILED Feb 25, 2017 Secretary of State CC3694414575

Date