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

2014 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

# **Current Mailing Address:**

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

# FEI Number: 46-3352498

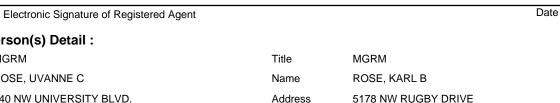
# Name and Address of Current Registered Agent:

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:

#### Authorized Person(s) Detail :

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



FILED Jan 09, 2014 Secretary of State CC9263236694

Certificate of Status Desired: No

MANAGER

Date

01/09/2014