

**2015 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

**Certificate of Status Desired:** No

**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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

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

Title MGRM  
Name ROSE, KARL B  
Address 5178 NW RUGBY DRIVE  
City-State-Zip: PORT SAINT LUCIE FL 34983

*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

**MANAGING MEMBER**

**04/04/2015**

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

\_\_\_\_\_  
Date