

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000180947

Entity Name: UNIVERSITY MOWER, LLC

Current Principal Place of Business:

1605 W UNIVERSITY PARKWAY
SARASOTA, FL 34243

Current Mailing Address:

PO BOX 3954
SARASOTA, FL 34230

FEI Number: 47-2393322

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BLETHEN, CRAIG
3939 42ND ST
SARASOTA, FL 34235 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 MGR
Name BLETHEN, CRAIG
Address 3939 42ND ST
City-State-Zip: SARASOTA FL 34235

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: CRAIG BLETHEN

MGR

04/29/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date