

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000123387

FILED  
Apr 19, 2011  
Secretary of State

**Entity Name:** EVANS GROVES WMS, LLC

**Current Principal Place of Business:**

110 WEST BROADWAY AVE STE A  
OVIEDO, FL 32765

**New Principal Place of Business:**

110 WEST BROADWAY AVE  
SUITE A  
OVIEDO, FL 32765

**Current Mailing Address:**

PO BOX 620460  
OVIEDO, FL 32762

**New Mailing Address:**

FEI Number: 59-6060269

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

EVANS, CHARLES W  
110 EAST BROADWAY, SUITE A  
OVIEDO, FL 32765 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: EVANS, CHARLES W  
Address: 110 WEST BROADWAY AVE STE A  
City-St-Zip: OVIEDO, FL 32765

Title: VP  
Name: EVANS, DAVID L  
Address: 110 WEST BROADWAY AVE STE A  
City-St-Zip: OVIEDO, FL 32765

Title: VP  
Name: EVANS, JOHN W JR.  
Address: 110 WEST BROADWAY AVE STE A  
City-St-Zip: OVIEDO, FL 32765

Title: VP  
Name: EVANS, ARTHUR F  
Address: 110 WEST BROADWAY AVE STE A  
City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: CHARLES W EVANS

P

04/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date