


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90155 001 ***138.75

DOCUMENT # L07000123422	
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1. Entity Name
200 CLARK STREET, LLC

Principal Place of Business
110 E BROADWAY AVE
STE A
OVIEDO, FL 32765

Mailing Address
110 E BROADWAY AVE
STE A
OVIEDO, FL 32765

50004650



2. Principal Place of Business - No P.O. Box #	3. Mailing Address PO Box 620460
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

02142008 Chg-LLC CR2E083 (12/06)

City & State	City & State OVIEDO, FL.
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4. FEI Number 59-6060769	Applied For Not Applicable
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Zip	Country	Zip	Country
32762	USA	32762	USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LOWMAN, WILLIAM R JR, ESQ
SHUFFIELD, LOWMAN & WILSON, P.A.
1000 LEGION PLACE - STE 1700
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name **CHARLES W. EVANS**
Street Address (P.O. Box Number is Not Acceptable)
110 E. BROADWAY AVE. SUITE A
City **OVIEDO** FL Zip Code **32765**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Charles W. Evans - **CHARLES W. EVANS** 2-19-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	EVANS GROVES, INC.	
STREET ADDRESS	110 E BROADWAY AVE	
CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/15/08 407-365-6631