

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000123826

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Entity Name:** EVANS TRIANGLE BLOCK, LLC

**Current Principal Place of Business:**

110 EAST BROADWAY AVE  
SUITE A  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

POB 620460  
OVIEDO, FL 32762

**New Mailing Address:**

**FEI Number:** 59-1472732

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EVANS, CHARLES W  
110 E BROADWAY AVE STE A  
OVIEDO, FL 32762 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:** MGR  
**Name:** EVANS, ARTHUR F  
**Address:** 110 EAST BROADWAY AVE STE A  
**City-St-Zip:** OVIEDO, FL 32765

**Title:** MGR  
**Name:** EVANS, JOHN W JR  
**Address:** 110 EAST BROADWAY AVE STE A  
**City-St-Zip:** OVIEDO, FL 32765

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

**Title:** MGR  
**Name:** EVANS, DAVID L  
**Address:** 110 EAST 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

PRES

04/16/2012

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