

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000123713

**Entity Name:** 83 CLARK STREET, LLC

**Current Principal Place of Business:**

110 EAST BROADWAY AVE.  
SUITE A  
OVIEDO, FL 32765

**FILED**  
**Apr 12, 2017**  
**Secretary of State**  
**CC5643555495**

**Current Mailing Address:**

PO BOX 620460  
OVIEDO, FL 32762

**FEI Number: 59-6060269**

**Certificate of Status Desired: No**

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

EVANS, CHARLES W  
110 E BROADWAY AVE STE A  
OVIEDO, FL 32765 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	Title	PD
Name	EVANS GROVES, INC.	Name	EVANS, CHARLES W
Address	110 EAST BROADWAY AVE., SUITE A	Address	110 E BROADWAY
City-State-Zip:	OVIEDO FL 32765	City-State-Zip:	OVIEDO FL 32765
Title	VPD	Title	VPD
Name	EVANS, DAVID L	Name	EVANS, JOHN WJR
Address	110 E BROADWAY	Address	110 E BROADWAY
City-State-Zip:	OVIEDO FL 32765	City-State-Zip:	OVIEDO FL 32765
Title	STD		
Name	EVANS, ARTHUR F		
Address	110 E BROADWAY		
City-State-Zip:	OVIEDO FL 32765		

*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: CHARLES W EVANS**

**PD**

**04/12/2017**

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

\_\_\_\_\_  
Date