

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000123713

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

**Current Principal Place of Business:**

261 PLAZA DRIVE SUITE D  
OVIEDO, FL 32765

**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  
261 PLAZA DRIVE SUITE D  
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  
Name EVANS GROVES, INC.  
Address 261 PLAZA DRIVE SUITE D  
City-State-Zip: OVIEDO FL 32765

Title PD  
Name EVANS, CHARLES W  
Address 261 PLAZA DRIVE SUITE D  
City-State-Zip: OVIEDO FL 32765

Title VPD  
Name EVANS, DAVID L  
Address 261 PLAZA DRIVE SUITE D  
City-State-Zip: OVIEDO FL 32765

Title VPD  
Name EVANS, JOHN WJR  
Address 261 PLAZA DRIVE SUITE D  
City-State-Zip: OVIEDO FL 32765

Title STD  
Name EVANS, ARTHUR F  
Address 261 PLAZA DRIVE SUITE D  
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

**PRES**

**04/12/2021**

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

\_\_\_\_\_  
Date