### 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000152917

Entity Name: EVAPORS LLC

Feb 04, 2021 **Secretary of State** 0261847920CC

**FILED** 

### **Current Principal Place of Business:**

8200 NW 27 STREET SUITE 114 DORAL, FL 33122

# **Current Mailing Address:**

8200 NW 27 STREET SUITE 114 DORAL, FL 33122 US

FEI Number: 90-1037072 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

CABADO, ESTHER M 8200 NW 27 STREET SUITE 114 DORAL, FL 33122 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: ESTHER M CABADO 02/04/2021

> Electronic Signature of Registered Agent Date

## Authorized Person(s) Detail:

**PRESIDENT** Title

CABADO, ESTHER M Name 8200 NW 27 STREET Address

SUITE 114

City-State-Zip: DORAL FL 33122

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.

02/04/2021 SIGNATURE: ESTHER CABADO **PRESIDENT**