

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000152917

**Entity Name:** EVAPORS LLC

**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:** Yes

**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

04/20/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            CABADO, ESTHER M  
Address        8200 NW 27 STREET  
                 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.*

**SIGNATURE:** ESTHER CABADO

PRESIDENT

04/20/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date