

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000152917

**Entity Name:** EVAPORS LLC

**Current Principal Place of Business:**

7341 WEST FLAGLER STREET  
MIAMI, FL 33144

**Current Mailing Address:**

7341 WEST FLAGLER STREET  
MIAMI, FL 33144 US

**FEI Number:** 90-1037072

**Certificate of Status Desired:** Yes

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

CABADO, ESTHER M  
15842 SW 69TH LANE  
MIAMI, FL 33193 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

01/13/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           CABADO, ESTHER M  
Address        7341 WEST FLAGLER STREET  
City-State-Zip: MIAMI FL 33144

*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 M CABADO

PRESIDENT

01/13/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date