

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000172605

**FILED**  
**Apr 14, 2016**  
**Secretary of State**  
**CC7371906804**

**Entity Name:** EVOL ENTERPRISES LLC

**Current Principal Place of Business:**

3550 MORRIS STREET NORTH  
ST. PETERSBURG, FL 33713

**Current Mailing Address:**

3550 MORRIS STREET NORTH  
ST. PETERSBURG, FL 33713

**FEI Number:** 47-3166765

**Certificate of Status Desired:** No

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

FRIDAY ENTERPRISES INC  
3550 MORRIS STREET NORTH  
ST. PETERSBURG, FL 33713 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            PRES  
Name            HALSTEAD, TAYLOR L  
Address        3550 MORRIS STREET NO  
City-State-Zip: ST. PETERSBURG FL 33713

Title            VP  
Name            HALSTEAD, KENNETH G  
Address        3550 MORRIS STREET NO  
City-State-Zip: ST. PETERSBURG FL 33713

Title            SECY  
Name            HALSTEAD, DEBBRA F  
Address        3550 MORRIS STREET NO  
City-State-Zip: ST. PETERSBURG FL 33713

*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:** DEBBRA F HALSTEAD

**SECRETARY**

**04/14/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date