

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000000716

**Entity Name:** EVOLVEGENE, LLC

**Current Principal Place of Business:**

12105 28-TH STREET  
BLDG A  
ST PETERSBURG, FL 33716

**Current Mailing Address:**

12105 28-TH STREET  
BLDG A  
ST PETERSBURG, FL 33716

**FEI Number:** 81-0701707

**Certificate of Status Desired:** Yes

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

PINO, MIRELA  
12105 28-TH STREET  
BLDG A  
ST PETERSBURG, FL 33716 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 PINO, MIRELA  
Address 12105 28-TH STREET BLDG A  
City-State-Zip: ST PETERSBURG FL 33716

Title MGR  
Name CECCHI, MIKE  
Address 6201 GULF OF MEXICO DR  
City-State-Zip: LONGBOAT KEY FL 34228

*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:** MIRELA PINO

**MANAGER**

**02/22/2016**

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

\_\_\_\_\_  
Date