

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000198765

**Entity Name:** EVOLVE-CONDOS

**Current Principal Place of Business:**

11528 WEST STATE ROAD 84  
#1033  
DAVIE, FL 33355

**Current Mailing Address:**

11528 WEST STATE ROAD 84  
#1033  
DAVIE, 33355 UN

**FEI Number:** 81-4291114

**Certificate of Status Desired:** No

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

WILLIAMS-BAKSH, THERESA  
9886 SW 59 STREET  
COOPER CITY, FL 33328 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           MANAGER  
Name           WILLIAMS-BAKSH, THERESA C  
Address        9886 SW 59 STREET  
City-State-Zip: COOPER CITY FL 33328

Title           AUTHORIZED MEMBER  
Name           WILLIAMS, KIRKLAN V  
Address        9886 SW 59 STREET  
City-State-Zip: COOPER CITY FL 33328

Title           AUTHORIZED MEMBER  
Name           WILLIAMS, KALAN V  
Address        9886 SW 59 STREET  
City-State-Zip: COOPER CITY FL 33328

*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:** THERESA WILLIAMS-BAKSH

**MANAGER**

**03/09/2017**

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

\_\_\_\_\_  
Date