

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000256556

**Entity Name:** ENDEAVOR EVOLUTION ENTERPRISES LLC

**Current Principal Place of Business:**

18503 PINES BOULEVARD  
SUITE 310  
PEMBROKE PINES, FL 33029

**Current Mailing Address:**

18503 PINES BOULEVARD  
SUITE 310  
PEMBROKE PINES, FL 33029 US

**FEI Number:** 93-1573960

**Certificate of Status Desired:** Yes

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

LOCEAN, WITSON  
18503 PINES BOULEVARD  
SUITE 310  
PEMBROKE PINES, FL 33029 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            AMBR  
Name            LOCEAN, WITSON  
Address        18503 PINES BOULEVARD SUITE 310  
City-State-Zip: PEMBROKE PINES FL 33029

Title            MGR  
Name            DOMINIQUE, SHAWN  
Address        18503 PINES BOULEVARD SUITE 310  
City-State-Zip: PEMBROKE PINES FL 33029

Title            AMBR  
Name            MACULA LOCEAN DAREUS  
Address        18503 PINES BOULEVARD  
                 SUITE 310  
City-State-Zip: PEMBROKE PINES FL 33029

*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:** WITSON LOCEAN

**MEMBER**

**04/30/2024**

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

\_\_\_\_\_  
Date