## **2001 UNIFORM BUSINESS REPORT (UBR)**

DOCU 1. Entity Nar	IMENT # LOOOC	0004223	·				
EVOLVE DEVELOPMENT GROUP, LLC					FILE,D		
	,1 , , ,				OT MAY	29 PM 3: 53	
Principal Plac	ce of Business	Mailing Address					
308 13TH STREET WEST 308 13TH STREET WEST					SEURE VIIAN	TARY OF STATE	i À
-BRADENTON FL 34205  1301 GTH AUE. W.						Asia Antia Antia Antia Milia Sini	
SCITE 401 BLADENTON FCOCIOA 34205  2. Principal Place of Business  3. Mailing Address							
2. Principal i	Place of Business	3. Mailing Address			T 188(II BEI BEI BBITT BBEIT BBITT B	DIST BOSTE BASTE BATTE BITTE HATT	T WEER OUT INC.
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	te, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		<b>4.</b> FE	l Number	<del> </del>	pplied For ot Applicable
Zip	Country	Zip	Country	<b>5</b> . Ce	rtificate of Status Desired	S5.00 Ad	
	6. Name and Address of Current	Registered Agent		7. Na	me and Address of New F	legistered Agent	
Name							
					Number is Not Acceptable	<del>)</del>	
BRADENTON-FL 84205 BRADENTOWIFC							
	PLAVE	205	City			FL Zip Cod	le
8. The above	named entity submits this statement to		egistered office or	registered ager	t, or both, in the State of Flo	orida.	
SIGNATURE	Simply to breed or printed game of policiered agent	and title if applicable (NOTE)	Begintered Agent signal	tra required when rains	enting and the state of the sta	ATTEMBATO TO TOTAL	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required v					-06/15	<u>425222</u> /01010980	
		FILE NO	W!!! FEE IS \$ able to Depart		****	50.00 *****5	50.00
9.	MANAGING MEMBE		10.		ADDITIONS	/CHANGES	
TITLE	MANAGINGMEMI	Delete_	TITLE	-		. Change	Addition
NAME STREET ADDRESS	KOBBERT 13 G	MICH OLL	NAME Street Address				
CITY-ST-ZIP	ROBERT BG 1281 EDGEN BRADENTON, MANDGINI MEM	F4.34209	CITY-ST-ZIP				
title Name	MANDGINI MENI	3えー Delete	TITLE NAME		•	Change	☐ Addition
STREET ADDRESS	Dan BROENEN	R105で	STREET ADDRESS				
CITY-ST-ZIP	BRIGHTOW, MI		CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition
NAME		L] Delete	NAME			□ Change	LT Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				-
CITY-ST-ZIP			CITY-ST-ZIP	•			
TITLE		☐ Delete	TITLE			Change	☐ Addition
NAME STREET ADDRESS	,		NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		
TITLE		☐ Delete	title Name			Change	☐ Addition
STREET ADDRESS			STREET ADDRESS				
11. I hereby o	certify that the information supplied with	this filing does not qualify for the	CITY-ST-ZIP he exemption stat	ed in Section 11	0.07(3)(i), Florida Statutes	further certify that the in	nformation
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 fusite empowered to execute this report as required by Chapter 608, Florida Statutes.							
SIGNATURE: MALE TO 1 941 792 7443							
SIGNATURE: 1443  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylims Phone #							