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Jun 03, 2002 8:00 am
Secretary of State
05-12-2002 90583 036 ****50.00

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005191

1. Entity Name
EVERSHINE FLAGER, L.L.C

DO NOT WRITE IN THIS SPACE

90606

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6701 S. US 1	6701 S. US 1
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BUNNELL FL	City & State: BUNNELL, FL
Zip: 32110 Country:	Zip: 32110 Country:

4. FEI Number: 593643382 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: AKBARALI, ALNOOR

Street Address (P.O. Box Number is Not Acceptable): 6701 S. US 1

City: BUNNELL FL Zip Code: 32110

8. 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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: AKBARALI, ALNOOR (MANAGER) 6701 S. US 1 BUNNELL, FL 32110	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: Manager
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: AFROSE E. KALANI (MANAGER) 4277 AUSTON WAY PALM HARBOR, FL 34685	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: Manager.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP:	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: **DO NOT WRITE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP:	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: **IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP:	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP:
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CR2E043B (12/01)

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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: A. Akbarali A. Akbarali 4/23/02

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

P.02

APR-23-2002 10:21 PM