

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90072 035 ****50.00

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

24057466

DOCUMENT # L000000051911. Entity Name
EVERSHINE FLAGLER, L.L.C.Principal Place of Business
**6701 S. US 1
BUNNELL, FL 32110**Mailing Address
**6701 S. US 1
BUNNELL, FL 32110****DO NOT WRITE IN THIS SPACE**

04152004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3643382Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required****6. Name and Address of Current Registered Agent****AKBARALI, ALNOOR
6701 S. US 1
BUNNELL, FL 32110****DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent:

SIGNATURE _____

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

(NOTE: Registered Agent signature required when re-electing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004****9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	AKBARALI, ALNOOR
STREET ADDRESS	6701 SOUTH US 1
CITY-ST-ZIP	BUNNELL, FL 32110

TITLE	MGR
NAME	KALANI, AFROSE E
STREET ADDRESS	4277 AUSTON WAY
CITY-ST-ZIP	PALM HARBOR, FL 34685

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Aife*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/23/04