

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000005191

FILED
Apr 23, 2009
Secretary of State

Entity Name: EVERSINE FLAGLER, L.L.C.

Current Principal Place of Business:

6701 S. US 1
BUNNELL, FL 32110

New Principal Place of Business:

6700 S. US 1
BUNNELL, FL 32110

Current Mailing Address:

6701 S. US 1
BUNNELL, FL 32110

New Mailing Address:

6700 S. US 1
BUNNELL, FL 32110

FEI Number: 59-3643382

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JIWANI, ALNOORALI MR
6701 S. US 1
BUNNELL, FL 32110 US

Name and Address of New Registered Agent:

JIWANI, ALNOORALI MR
6700 S. US 1
BUNNELL, FL 32110 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:

04/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JIWANI, ALNOORALI MR
Address: 6701 SOUTH US 1
City-St-Zip: BUNNELL, FL 32110

Title: MGR (X) Delete
Name: KALANI, AFROSE E
Address: 4277 AUSTON WAY
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JIWANI, ALNOORALI MR
Address: 6700 SOUTH US 1
City-St-Zip: BUNNELL, FL 32110

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ALNOORALI JIWANI

MR

04/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date