FILED
Apr 25, 2003 8:00 am
Secretary of State
04-25-2003 90759 028 ****50.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005191

30060673

1. Entity Name
EVERSHINE FLAGER, LLC

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

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3643382 ☐ 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	MGMBR	TITLE	
NAME	AKBARALI, ALNOOR	NAME	
STREET ADDRESS	6701 S US1	STREET ADDRESS	
CITY-ST-ZIP	BUNNELL, FL 32110	CITY-ST-ZIP	
TITLE	MGMBR	TITLE	
NAME	AFROSE KALANI	NAME	
STREET ADDRESS	4270 AUSTON WAY	STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34685	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083E (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: ______________________ 4/15/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #