

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012430

1. Entity Name

EVERMERE, L.L.C.



FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90578 028 ****50.00

0028475

Principal Place of Business

15116 OAK CHASE COURT
WELLINGTON FL 33414

Mailing Address

15116 OAK CHASE COURT
WELLINGTON FL 33414

2. Principal Place of Business

1534 WESTCHESTER AVE

3. Mailing Address

1534 WESTCHESTER AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WELLINGTON, FL

City & State

WELLINGTON, FL

Zip

33414

Country

Zip

33414

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1048471

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHWARTZ, RICHARD
2300 PALM BEACH LAKES BLVD
STE 217
WEST PALM BEACH FL 33409

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete

NAME: MGR
GILCHRIST, LYNDIA
STREET ADDRESS: ~~15116 OAK CHASE COURT~~ 1534 WESTCHESTER AVE
CITY-ST-ZIP: WELLINGTON FL 33414 WELLINGTON, FL 33414

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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NAME
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-29-03

Date

561373-9393

Daytime Phone #

CR2E083 (10/02)