

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000014093

Entity Name: EVOLVED DEVICES, LLC.

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

500 AUSTRALIAN AVE., SO., STE 110  
SUITE 120  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

500 AUSTRALIAN AVE., SO., STE 110  
SUITE 120  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

500 AUSTRALIAN AVE., SO., STE 120  
SUITE 120  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

500 AUSTRALIAN AVE., SO., STE 120  
SUITE 120  
WEST PALM BEACH, FL 33401

FEI Number: 65-1060150

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RHODES, PAUL  
500 AUSTRALIAN AVE., S. SUITE 120  
STE 110  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: RHODES, PAUL  
Address: 500 AUSTRALIAN AVE., S. SUITE 120  
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby 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: PAUL RHODES

MGRM

03/30/2010

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