

**LIMITED LIABILITY COMPANY'
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 18, 2003 8:00 am
Secretary of State

05-05-2003 91825 001 *****5.00
05-05-2003 91825 002 *****50.00

DOCUMENT # **L02000011609**

1. Entity Name

Evergreen, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2341 Windchime Drive

Suite, Apt. #, etc.

3. Mailing Address

2341 Windchime Drive

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLORIDA

City & State

Jacksonville Florida

Zip

32224

Country

USA

Zip

32224

Country

USA

4. FEI Number

74-3092694

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Todd Watson, Attorney at Law

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

7785 bay meadows way, Suite 107

City

Jacksonville

FL

Zip Code

32256

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.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE **MGRM**
NAME **Ronna Keitt-Iglesias**
STREET ADDRESS **2341 Windchime Drive**
CITY-ST-ZIP **Jacksonville Florida, 32224**

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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:

Ronna Keitt-Iglesias

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

4-23-03

Date

Daytime Phone #

904-2209986

CR2E083B (12/02)

Attachment

Form **SS-4**(Rev. December 2001)
Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

44004652
#102000011609
EIN 74-3092694
OMB No. 1545-0003

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested Ronna Keitt-Iglesias		
	2 Trade name of business (if different from name on line 1) Evergreen, LLC	3 Executor, trustee, "care of" name NA	
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 2341 Windchime Drive	5a Street address (if different) (Do not enter a P.O. box.)	
	4b City, state, and ZIP code Jacksonville Florida 32224	5b City, state, and ZIP code	
	6 County and state where principal business is located Duval County, Florida		
	7a Name of principal officer, general partner, grantor, owner, or trustee Ronna Keitt-Iglesias		7b SSN, ITIN, or EIN 194564594
8a Type of entity (check only one box)			
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corp. _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input checked="" type="checkbox"/> Other (specify) ▶ Disregarded entity - Sole Proprietorship			
<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Trust (SSN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) ▶ _____			
8b If a corporation, name the state or foreign country (if applicable) where incorporated			
State NA Foreign country NA			
9 Reason for applying (check only one box)			
<input checked="" type="checkbox"/> Started new business (specify type) ▶ LLC Limited Liability Company <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____			
<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____			
10 Date business started or acquired (month, day, year) May 13, 2002		11 Ending month of accounting year December	
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If _____ is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) NA			
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-".			
Agricultural 0 Household 0 Other 0			
14 Check one box that best describes the principal activity of your business.			
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Other (specify) _____			
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. Rent Real Estate			
16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c.			
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ _____ Trade name ▶ _____			
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) _____ City and state where filed _____ Previous EIN _____			
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.		
	Designee's name		Designee's telephone number (include area code) ()
	Address and ZIP code		Designee's fax number (include area code) ()
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			
Name and title (type or print clearly) ▶ Ronna Keitt-Iglesias			Applicant's telephone number (include area code) ()
Signature ▶ Ronna Keitt-Iglesias Date ▶ 6-2-03			Applicant's fax number (include area code) (904) 220 9986