FILED

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Apr 01, 2003 8:00 am Secretary of State DOCUMENT # L02000027580 04-01-2003 90031 009 ****55.00 EVELYN D HOLDING, L.L.C. Principal Place of Business Mailing Address 1357 WEST 28TH STREET 331 WEST 33RD STREET RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 42-1564032 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPEIGHTS, RUBY V Street Address (P.O. Box Number is Not Acceptable) 331 WEST 33RD STREET **RIVIERA BEACH FL 33404** Zip Code City FL 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. ! am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES CEO\ President Addition ☐ Change TIT! F TITLE Delete Duncombe, Donald C. Mr NAME NAME 1357 West 2814 Street STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP viera Beach Board Member TITLE Delete TITLE ☐ Change ✓ Addition Duncombe. NAME NAME ust28th Street STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE _ Delete TITLE - □ Change Delfish, Norma, R. Ms. NAME NAME 32 West 37th Street STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE peights Ruby V. Ms. 331 West 33rd Street NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE

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.