

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90012 019 ****50.00

DOCUMENT # L03000029825

1. Entity Name
EVS INTERNATIONAL, L.C.



Principal Place of Business
100 N. BISCAYNE BLVD.
SUITE 2200
MIAMI, FL 33132 US

Mailing Address
100 N. BISCAYNE BLVD.
SUITE 2200
MIAMI, FL 33132 US

44043182



2. Principal Place of Business
C/O STEFANIE ANDING

3. Mailing Address
C/O STEFANIE ANDING

Suite, Apt. #, etc.
116 VILLA CIRCLE

Suite, Apt. #, etc.
116 VILLA CIRCLE

04052004 Chg-LLC CR2E083 (10/03)

City & State
BOYNTON BEACH, FL

City & State
BOYNTON BEACH, FL.

4. FEI Number
20-0663527

Applied For
Not Applicable

Zip
33435

Country
USA

Zip
33435

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BAUR, THOMAS ESQ.
100 N. BISCAYNE BLVD.
SUITE 2100
MIAMI, FL 33132

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

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME ANDING, ERIN P
STREET ADDRESS 100 N. BISCAYNE BLVD, SUITE 2200
CITY-ST-ZIP MIAMI, FL 33132

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME ERIN P. ANDING
STREET ADDRESS C/O S. ANDING, 116 VILLA CIRCLE
CITY-ST-ZIP BOYNTON BEACH, FL 33435

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 606, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

26 April 2004 305-788-5345