

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000029825

**FILED**  
**Jan 12, 2008**  
**Secretary of State**

**Entity Name:** EVS INTERNATIONAL, L.C.

**Current Principal Place of Business:**

C/O STEFANIE ANDING  
135 S. 19TH STREET, #1204  
PHILADELPHIA, PA 19103 US

**New Principal Place of Business:**

600 BILTMORE WAY  
#307  
CORAL GABLES, FL 33134 US

**Current Mailing Address:**

C/O STEFANIE ANDING  
135 S. 19TH STREET, #1204  
PHILADELPHIA, PA 19103 US

**New Mailing Address:**

600 BILTMORE WAY  
#307  
CORAL GABLES, FL 33134 US

**FEI Number:** 20-0663527

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BAUR, THOMAS ESQ.  
100 N. BISCAYNE BLVD.  
SUITE 2100  
MIAMI, FL 33132 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: MGR ( ) Delete  
Name: ANDING, ERIN P  
Address: 135 S. 19TH STREET, #1204  
City-St-Zip: PHILADELPHIA, PA 19103 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ANDING, ERIN P  
Address: 600 BILTMORE WAY #307  
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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:** ERIN P. ANDING

PRES

01/12/2008

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