

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90217 009 ****55.00

DOCUMENT # L03000032244

1. Entity Name
EVS ENTERPRISES, LLC



Principal Place of Business
**1500 BRICKELL AVENUE
700
MIAMI, FL 33131**

Mailing Address
**1500 BRICKELL AVENUE
+
MIAMI, FL 33131**

2. Principal Place of Business
1300 NW 167th St

3. Mailing Address
Same

Suite, Apt. #, etc.
#3

Suite, Apt. #, etc.

City & State
Miami FL

City & State

Zip
33169

Country
USA

Zip

Country

03012006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1315523

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SAGHER, ZELMAN, VAN SANT, PAUL, BEILEY,
1401 BRICKELL AVENUE
700
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name
Charles O. Morgan, Jr.
Street Address (P.O. Box Number is Not Acceptable)
1300 NW 167th St, Suite 3
City **Miami** FL Zip Code **33169**

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, 2006**

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

9. MANAGING MEMBERS/MANAGERS

TITLE **PST** ☒ Delete
NAME **SUGARBAKER, EVERETT V.**
STREET ADDRESS **1500 BRICKELL AVENUE**
CITY-ST-ZIP **MIAMI, FL 33131**

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 **Member/Mar/Per Rep.** ☒ Change ☐ Addition
NAME **Charles O. Morgan, Jr.**
STREET ADDRESS **1300 NW 167th St, Suite 3**
CITY-ST-ZIP **Miami, FL 33169**

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

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

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

Date

Daytime Phone #

Charles O. Morgan, Jr. **3-8-06** **(305) 624-0011**