


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2008 08:00 A
Secretary of State


DOCUMENT # L03000046018

1. Entity Name
ROBERT F. EVANS, JR., LLC



Principal Place of Business 8655 BYRON CAMPBELL RD PACE, FL 32571-9238 US	Mailing Address 8655 BYRON CAMPBELL RD PACE, FL 32571-9238 US
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DO NOT WRITE IN THIS SPACE



02282008 No Chg-LLC . CR2E083 (12/07)

4. FEI Number 59-3247522	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**EVANS, CYNTHIA D
 8655 BYRON CAMPBELL RD
 PACE, FL 32571-9238**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000858750
 04/01/08-80056-022 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EVANS, CYNTHIA D 8655 BYRON CAMPBELL ROAD PACE, FL 325719238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EVANS, ROBERT F JR. 8655 BYRON CAMPBELL RD PACE, FL 325719238
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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: *Robert F. Evans, Jr.* **3/10/08** **850-712-1413**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #