

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90281 037 ****50.00

DOCUMENT # LO 30000 52240

1. Entity Name

EVERGREEN INVESTMENT, L.L.C.



DO NOT WRITE IN THIS SPACE

24041214

2. Principal Place of Business

11526 PERPETUAL DR.

Suite, Apt. #, etc.

3. Mailing Address

11526 PERPETUAL DR.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ODESSA, FL

City & State

ODESSA, FL

4. FEI Number

20-0483882

Applied For

Not Applicable

Zip

33556

Country

USA

Zip

33556

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

AUDREY SALGADO-GALLAGHER

Street Address (P.O. Box Number is Not Acceptable)

11526 PERPETUAL DR

City

ODESSA

FL

Zip Code

33556

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

Audrey S. Gallagher

Signature, typed or printed name of registered agent and title if applicable.

April 12, 2004

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GALLAGHER, AUDREY 1843 LINTON LA. TRINITY FL 34655	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GALLAGHER, ROBERT E. 1843 LINTON LA TRINITY FL 34655	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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.

SIGNATURE:

Audrey S. Gallagher

Audrey S. Gallagher

4-12-04

127-376-9292

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

Date

Daytime Phone #

727-376-9292

CR2E083B (12/02)



A Hachmet
24641214

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 5, 2004

EVERGREEN INVESTMENT, L.L.C.
1843 LINTON LANE
TRINITY, FL 34655

SUBJECT: EVERGREEN INVESTMENT, L.L.C.
Ref. Number: L03000052240

We have received your document for EVERGREEN INVESTMENT, L.L.C. and check(s) totaling \$50.00. However, your check(s) and document are being returned for the following:

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas

Registration/Qualification Section
Division of Corporations Letter Number: 904A00022154

Attachment
84041214

3/23/04

CORPORATE DETAIL RECORD SCREEN

2:22 PM

NUM L03000052240 ST:FL ACTIVE/FL LIM LIAB FLD: 12/05/2003
TOTAL CONTR: 0.00

NAME : EVERGREEN INVESTMENT, L.L.C.

PRINCIPAL: 1843 LINTON LANE

ADDRESS TRINITY, FL 34655

RA NAME : SALGADO-GALLAGHER, AUDREY

RA ADDR : 1843 LINTON LANE
TRINITY, FL 34655

ANN REP : * NONE FILED *

~~1. MENU, 3. MGR/MEM, 7. LIST, 8. NEXT, 9. PREV~~

ENTER SELECTION AND CR: