

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000052592

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

**Entity Name:** R.S. EVANS CUSTOM CABINETRY & SIDING, LLC

**Current Principal Place of Business:**

3595 FORTNER RD  
SAINT AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

3595 FORTNER RD  
SAINT AUGUSTINE, FL 32084

**New Mailing Address:**

**FEI Number:** 59-3238576

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EVANS, ROBERT S  
185 FONSECA DR..  
ST. AUGUSTINE, FL 32086 US

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

EVANS, ROBERT S JR.  
131 OSPREY RD.  
ST. AUGUSTINE, FL 32086 US

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: ROBERT S. EVANS, JR.

03/12/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: EVANS, ROBERT S  
Address: 185 FONSECA DR.  
City-St-Zip: ST. AUGUSTINE, FL 32086

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: EVANS, ROBERT S JR.  
Address: 131 OSPREY RD  
City-St-Zip: ST. AUGUSTINE, FL 32086

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: ROBERT S. EVANS, JR.

MGR.

03/12/2008

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