

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90178 041 \*\*\*105.00

**DOCUMENT # L03000057377**

1. Entity Name

**LAVANIA EVANS, LLC**



Principal Place of Business

**206 N. MANATEE AVE  
DAVENPORT FL 33837**

Mailing Address

**206 N. MANATEE AVE  
DAVENPORT FL 33837**

**20010479**



1st MOORE

CR2E083 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

**PO BOX 2027**

Suite, Apt. #, etc.

City & State  
**DAVENPORT**

City & State  
**DAVENPORT, FLORIDA**

4. FEI Number **20-2231734**  
**NO-T APPLICABLE**

☒ Applied For  
☐ Not Applicable

Zip  
**33836**

Country  
**USA**

Zip  
**33836**

Country  
**USA**

5. Certificate of Status Desired ☒

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**EVANS, LAVANIA  
206 NORTH MANATEE AVE  
DAVENPORT FL 33836**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
EVANS, LAVANIA  
206 NORTH MANATEE AVE  
DAVENPORT FL 33837** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MANAGEMENT  
RACHEL EVANS  
206 N Manatee Ave  
Davenport, FL 33837** ☐ Change ☒ Addition

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

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

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

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

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

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:

*[Signature]*

**LAVANIA EVANS**

**2/9/05**

**(813) 557-4817**

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

Date

Daytime Phone #

ATTACHMENT 20610479  
# L0300051377



**IMPERIAL POLK COUNTY OCCUPATIONAL LICENSE**

LICENSE / ACCT.# 1170000931  
LOCATION 206 N MANATEE  
37 - DAVENPORT - IN - IN CITY  
OWNER: LAVANIA C EVANS

LICENSE YEAR 2004 - 2005 CLASS

EMPLOYEES

**A**

BUSINESS TYPE



810000 LTD OTHER SERVICES

LAVANIA C EVANS LLC

206 N MANATEE  
DAVENPORT, FL 33837

LICENSE TYPE:  
BASE TAX

RENEWAL  
30.00

FEE:  
ADDL OCCS:

DATE PAID:  
PENALTIES:

ADDL AMT:  
TOTAL PAID: 30.00

JOE G. TEDDER, TAX COLLECTOR, 430 E MAIN ST., PO BOX 2016, BARTOW, FL 33831, 2016, TEL (863) 534-4731, www.PolkTaxes.com

THIS OCCUPATIONAL LICENSE MUST BE CONSPICUOUSLY DISPLAYED AT BUSINESS LOCATION

PAID- 636665.0001-0001 603 10/05/2004 30.00