

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 Mailing Address

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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. **PO Box 2027**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

DAVENPORT **DAVENPORT, FLORIDA**

Zip Country Zip Country

33836 **USA** **33836** **USA**

20010479



1st MOORE CR2E083 (10/04)

4. FEI Number **20-2251734** / Applied For
NO-T APPLICABLE Not Applicable

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 _____ (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	MGRM	<input type="checkbox"/> Delete
NAME	EVANS, LAVANIA	
STREET ADDRESS	206 NORTH MANATEE AVE	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MANAGEMENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RACHEL EVANS	
STREET ADDRESS	206 N Manatee Ave	
CITY-ST-ZIP	Davenport, FL 33837	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **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 20010479
L0300051377



IMPERIAL POLK COUNTY OCCUPATIONAL LICENSE



LICENSE / ACCT.#	1170000931	LICENSE YEAR	2004 - 2005	CLASS	
LOCATION	206 N MANATEE 37 - DAVENPORT - IN - IN CITY	EMPLOYEES		A	
OWNER:	LAVANIA C EVANS	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
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JOE G. TEDDER, TAX COLLECTOR 430 E MAIN ST., PO BOX 2016, BARTOW, FL 33831 2016 TEL (863) 534-4791 www.PolkTaxes.com
THIS OCCUPATIONAL LICENSE MUST BE CONSPICUOUSLY DISPLAYED AT BUSINESS LOCATION

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