

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 02, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000027846

1. Entity Name  
 EVANS & MAY, PL



Principal Place of Business  
 208 EAST NEW YORK AVENUE  
 DELAND, FL 32724

Mailing Address  
 208 EAST NEW YORK AVENUE  
 DELAND, FL 32724



04262007No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0971004	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

EVANS, SANDRA E  
 208 EAST NEW YORK AVENUE  
 DELAND, FL 32724

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

000000757031  
 05/23/07-80048-017 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	EVANS, SANDRA E
STREET ADDRESS	208 E NEW YORK AVE
CITY-ST-ZIP	DELAND, FL 32724

TITLE	MGR
NAME	MAY, MICHAEL S
STREET ADDRESS	208 E NEW YORK AVE
CITY-ST-ZIP	DELAND, FL 32724

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: *Sandra E Evans* SANDRA E EVANS 4/30/07 (386) 734-5530  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #