
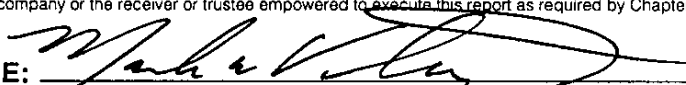


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 18, 2005 8:00 am**  
**Secretary of State**

07-18-2005 90108 019 \*\*\*\*50.00

<b>DOCUMENT # L04000083896</b> 1. Entity Name <b>VAN EVANS MOVING COMPANY, LLC</b>					
Principal Place of Business <b>452 WENTHROP CIRCLE ROCKLEDGE, FL 32955</b>			Mailing Address <b>452 WENTHROP CIRCLE ROCKLEDGE, FL 32955</b>		
2. Principal Place of Business <b>3613 Orange Avenue</b> Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State <b>Ft. Pierce, FL</b>		City & State  		4. FEI Number <b>20-1896884</b>	
Zip <b>34947</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>VAN ANTWERP, MARK W 452 WENTHROP CIRCLE ROCKLEDGE, FL 32955</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____					
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM VAN ANTWERP, MARK W 452 WENTHROP CIRCLE ROCKLEDGE, FL 32955</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR EVANS, JAN 4572 SEQUIOA TR OKEMOS, FL 48864</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE			Date <b>7-5-05</b> (321) Daytime Phone # <b>863-7631</b>		

20064378



## Florida Limited Liability

## VAN EVANS MOVING COMPANY, LLC

## PRINCIPAL ADDRESS

452 WENTHROP CIRCLE  
ROCKLEDGE FL 32955

## MAILING ADDRESS

452 WENTHROP CIRCLE  
ROCKLEDGE FL 32955Document Number  
L04000083896State  
FLFEI Number  
NONEStatus  
ACTIVEDate Filed  
11/18/2004Effective Date  
11/18/2004Total Contribution  
0.00

## Registered Agent

Name & Address
VAN ANTWERP, MARK W 452 WENTHROP CIRCLE ROCKLEDGE FL 32955

## Manager/Member Detail

Name & Address	Title
VAN ANTWERP, MARK W 452 WENTHROP CIRCLE ROCKLEDGE FL 32955	MGRM
EVANS, JAN 4572 SEQUOIA TR OKEMOS FL 48864	MGR

20064378  
Annual Reports

Report Year	Filed Date
-------------	------------

[Previous Filing](#)

[Return to List](#)

[Next Filing](#)

No Events  
No Name History Information

### Document Images

Listed below are the images available for this filing.

11/18/2004 -- Florida Limited Liability

**THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT**

[Corporations Inquiry](#)

[Corporations Help](#)