

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90019 044 \*\*\*138.75

**DOCUMENT # L05000059692**

1. Entity Name  
**EVANGELISTA ENTERPRISES, LLC**



Principal Place of Business Mailing Address  
~~1008 SE 11 AVE.~~ ~~1008 SE 11 AVE.~~  
~~DEERFIELD BEACH, FL 33441~~ ~~US~~ ~~DEERFIELD BEACH, FL 33441~~ ~~US~~

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
**5142 NW 43 AVE** **5142 NW 43 AVE**  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**COCONUT CREEK FL** **COCONUT CREEK**  
Zip Country Zip Country  
**33073** **U.S.** **33073** **U.S.**

03272008 Chg-LLC CR2E083 (12/06)

4. FEI Number - Applied For  
**20-3120365** Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**EVANGELISTA, ANTHONY**  
~~1008 SE 11 AVE.~~  
~~DEERFIELD, FL 33441~~

**7. Name and Address of New Registered Agent**

Name **EVANGELISTA, ANTHONY**  
Street Address (P.O. Box Number is Not Acceptable)  
**5142 NW 43 AVE**  
City **COCONUT CREEK FL** Zip Code **33073**

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]* **ANTHONY EVANGELISTA, MGR MBR** **4/21/08**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE ☐ Delete  
NAME **EVANGELISTA, ANTHONY**  
STREET ADDRESS ~~1008 SE 11 AVE.~~  
CITY - ST - ZIP **DEERFIELD BEACH, FL 33441**

**10. ADDITIONS/CHANGES**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **5142 NW 43 AVE**  
CITY - ST - ZIP **COCONUT CREEK FL 33073**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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CITY - ST - ZIP

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CITY - ST - ZIP

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: *[Signature]* **ANTHONY EVANGELISTA** **4/21/08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #