

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90227 006 ****50.00

DOCUMENT # L05000089386

1. Entity Name
EVERGLADES DEVELOPMENTS, LLC



Principal Place of Business
**17081 MIRAMAR PARKWAY, PMB 370
MIRAMAR, FL 33027**

Mailing Address
**10463 S LAKE VISTA CIRCLE
DAVIE, FL 33328**

0000000000



04032007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4307489

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MONTAUDON, GUSTAVO
17081 MIRAMAR PARKWAY, PMB 370
MIRAMAR, FL 33027**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MONTAUDON, GUSTAVO
10463 S LAKE VISTA CIRCLE
DAVIE, FL 33328**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CANO, LEONARDO
19347 SW 27TH STREET
MIRAMAR, FL 33029**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ESPINOSA, GUILLERMO
41 RIVER TERRACE, APT. 1608
NEW YORK, NY 10282**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ESCOBAR, CESAR
645 GALLOPING HILL RD
UNION, NJ 070803**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

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

Date

Daytime Phone #