

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000025526

Entity Name: COLLINS EVANS, LLC

FILED
Apr 14, 2008
Secretary of State

Current Principal Place of Business:

2229 BREVARD AVE
FORT MYERS, FL 33901

New Principal Place of Business:

2252 ALTAMONT AVE
FORT MYERS, FL 33901

Current Mailing Address:

PO BOX 2104
FORT MYERS, FL 33902

New Mailing Address:

2252 ALTAMONT AVE
FORT MYERS, FL 33901

FEI Number: 20-4687620

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMONDS, HARLAND F JR
2229 BREVARD AVE
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

SIMONDS, HARLAND F JR
2252 ALTAMONT AVE
FORT MYERS, FL 33901 US

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.

SIGNATURE:

04/14/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SIMONDS, HARLAND F JR
Address: 2229 BREVARD AVE
City-St-Zip: FORT MYERS, FL 33901

Title: MGRM () Delete
Name: FOWLER, DANIEL
Address: 3237 UNIT 3, FOWLER STREET
City-St-Zip: FORT MYERS, FL 33901

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SIMONDS, HARLAND F JR
Address: 2252 ALTAMONT AVE
City-St-Zip: FORT MYERS, FL 33901

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: H F SIMONDS JR

MGRM

04/14/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date