

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

04-03-2007 90119 021 ****50.00

DOCUMENT # L06000046691 1. Entity Name EVERGREEN 114, LLC			
Principal Place of Business 5201 102ND AVENUE NORTH PINELLAS PARK, FL 33782		Mailing Address 5201 102ND AVENUE NORTH PINELLAS PARK, FL 33782	
2. Principal Place of Business - No P.O. Box # 5514 PARK BLVD		3. Mailing Address 5514 PARK BLVD	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Pinellas Park, FL		City & State Pinellas Park FL	
Zip 33781		Zip 33781	
Country USA		Country USA	
4. FEI Number 20-4828976		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		03162007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent LITTLE, MICHAEL G 911 CHESTNUT STREET CLEARWATER, FL 33756		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 reappointing) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RUPPEL, DENNIS G 5201 102ND AVENUE NORTH PINELLAS PARK, FL 33782	TITLE NAME STREET ADDRESS CITY - ST - ZIP	911 Chestnut St. Clearwater, FL 33756 managing member BRODERICK, Roger B. 5514 PARK BLVD Pinellas Park, FL 33781
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Christian A. Ruppel 256 Bay Side Clearwater, FL 33767
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Christine R. Ruppel 256 Bay Side Clearwater, FL 33767
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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:		3/19/07 727-544-1403	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	