



**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L06000053044</b>	
1. Entity Name EVERSHED ENTERPRISES, L.L.C.	

Principal Place of Business 241 QUAY ASSISI NEW SMYRNA BEACH, FL 32169	Mailing Address 241 QUAY ASSISI NEW SMYRNA BEACH, FL 32169
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**DO NOT WRITE IN THIS SPACE**



02222008No Chg-LLC      CR2E083 (12/07)

4. FEI Number 20-5535484	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

EVERSHED, JOHN  
 241 QUAY ASSISI  
 NEW SMYRNA BEACH, FL 32169

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM EVERSHED, JOHN 241 QUAY ASSISI NEW SMYRNA BEACH, FL 32169
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 04/01/08-80031-010 138.75

**DO NOT WRITE 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:**       **3/8/08**      \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #