

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000056437

FILED  
Jun 15, 2009  
Secretary of State

Entity Name: EVRA & ASSOCIATES LLC

**Current Principal Place of Business:**

595 N NOVA ROAD  
SUITE 111  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

990 STONE LAKE DRIVE  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

PO BOX 6169  
WEST ORANGE, NJ 07052

**New Mailing Address:**

990 STONE LAKE DRIVE  
ORMOND BEACH, FL 32174

FEI Number: 20-5636479      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

PECCA, RALPH T  
990 STONE LAKE DRIVE  
ORMOND BEACH, FL 32174      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: PECCA, RALPH T  
Address: 595 N NOVA ROAD , SUITE 111  
City-St-Zip: ORMOND BEACH, FL 32174

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change ( ) Addition  
Name: PECCA, RALPH T  
Address: 990 STONE LAKE DRIVE  
City-St-Zip: ORMOND BEACH, FL 32174

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: RALPH T PECCA

CEO

06/15/2009

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