

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000061345

Entity Name: EVALUSION MANAGEMENT, LLC.

FILED  
Feb 04, 2008  
Secretary of State

## Current Principal Place of Business:

720 CAPITAL CIRCLE N.E.  
SUITE A  
TALLAHASSEE, FL 32301

## New Principal Place of Business:

2236 CAPITAL CIRCLE N.E.  
TALLAHASSEE, FL 32308

## Current Mailing Address:

P.O. BOX 14556  
TALLAHASSEE, FL 32317

## New Mailing Address:

FEI Number: 20-5051136

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GOOCH, MARC B  
870 BASSETT DAIRY RD.  
MONTICELLO, FL 32344 US

## Name and Address of New Registered Agent:

ALL FLORIDA FIRM INC  
813 DELTONA BLVD  
STE A  
DELTONA, FL 32725 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: ANAY VALCARCEL

02/04/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: COX, JOSEPH B  
Address: 143 FLAMINGO COURT  
City-St-Zip: MONTICELLO, FL 32344

Title: MGRM (X) Delete  
Name: COX, BRADLEY A  
Address: 65 TALLAVANATRAIL  
City-St-Zip: HAVANA, FL 32333

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: COX, JOSEPH B  
Address: PO. BOX 14556  
City-St-Zip: TALLAHASSEE, FL 32317

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: JOSEPH B COX

MGR

02/04/2008

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