

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000086305

Entity Name: EVANS REPAIR LLC

FILED  
Mar 28, 2008  
Secretary of State

**Current Principal Place of Business:**

20719 NORTHWEST COUNTY ROAD 236  
HIGH SPRINGS, FL 323012960

**New Principal Place of Business:**

20719 NORTHWEST COUNTY ROAD 236  
HIGH SPRINGS, FL 32643 US

**Current Mailing Address:**

PO BOX 2155  
ALACHUA, FL 326162155

**New Mailing Address:**

PO BOX 2155  
ALACHUA, FL 326162155 US

FEI Number: 71-1015904

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD  
STE 101  
TALLAHASSEE, FL 32301 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: MGR ( ) Delete  
Name: EVANS, WILLIS L  
Address: PO BOX 2155  
City-St-Zip: ALACHUA, FL 326162155

**ADDITIONS/CHANGES:**

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: WILLIS L EVANS

MGR

03/28/2008

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